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ABSTRACT

A survey of 83 nursing and midwifery education institutions in Britain collected information regarding assessment of prior learning (APL), i.e., certificated learning, and assessment of prior experiential learning (APEL), i.e., noncertificated learning. Follow-up interviews took place in 10 institutions. All nursing and midwifery education institutions offered APL, and 95 percent offered APEL. Specific credit was commonly used. Within individual higher education institutions (HEIs), APL/APEL assessment strategies were as reliable and valid as regular academic assessment strategies and usually similar in process. A range of assessment methods was used, although portfolios were preferred. Teaching staff often had difficulty fitting a professional and practice-based model of education into a pure academic model of APL/APEL. One model being used appeared to be halfway between APL and APEL as it incorporated past formal learning and subsequent professional practice. Students seemed satisfied with their APL/APEL outcomes, although the systems and processes were complex and not always clear. Staff ensured that credit was "earned" and academic rigor maintained. Internal consistency of individual APL/APEL systems was high, mainly due to relatively tight controls enforced by coordinators. Credit transfer was difficult. Resource issues were raised continuously. No single, complete model of good practice was found. (A separate volume of appendices includes a glossary, instruments, results, and 10 institutional case studies.) (YLB)

ED 414 485

SEEC AP(E)L PROJECT

An investigation into the reliability and validity of assessment strategies for the accreditation of prior learning of nurses, midwives and health visitors.

DOCUMENT ONE: FINAL REPORT

Prepared by Jo Skinner, Wendy Nganasurian, Susan Pike and Anne Hilton

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A REPORT FOR THE ENGLISH NATIONAL BOARD FOR NURSING, MIDWIFERY AND HEALTH VISITING

BY

THE SOUTH EAST ENGLAND CONSORTIUM FOR CREDIT ACCUMULATION AND TRANSFER (SEEC)

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Chapter 1

THE PROJECT AND ITS CONTEXT

INTRODUCTION

This chapter introduces the Project. It begins with an examination of the proposal and intentions concerning the research. This is followed by a summary of the Project and a discussion of the context and background to its development. The chapter concludes with guidelines for reading the documentation. Throughout the report the acronym AP(E)L is used where the intention is to encompass both certificated learning (APL) and non-certificated learning including experiential learning (APEL).

THE PROJECT

The English National Board Project Specification

In 1993 the English National Board for Nursing, Midwifery and Health Visiting (ENB) issued a project specification requesting proposals to investigate the validity and reliability of assessment strategies developed for the accreditation of prior learning, both certificated and experiential (AP(E)L). The ENB were particularly concerned to examine AP(E)L in the context of the Framework for Continuing Professional Education leading to the Higher Award:

> *An essential feature of the Framework is that it incorporates accreditation of prior and prior experiential learning (APL/APEL). The role of accreditation of prior learning and prior experiential learning is to allow professional experience to be translated into valid educational achievement (ENB 1992). APL and APEL, when applied, recognise the learning that has already been accomplished and reduce the possibility of repetitious learning, which improves the cost effectiveness of educational provision.*
>
> (ENB Project Specification 1993)

Thus AP(E)L is seen as a key factor in the provision of a flexible, practice-focused framework for the continuing professional development of nurses, midwives and health visitors.

The ENB specification required the investigation to include the following:

- A survey of all Board-approved institutions to establish existing practice in the accreditation of prior and experiential learning;

- An analysis of subjective and objective criteria being used to establish validity and reliability measures for accreditation purposes;

- An analysis of accreditation processes to determine the extent to which there is valid and reliable discrimination between different academic levels;

- A comparison of quality assurance mechanisms for APL/APEL accreditation between institutions and subject areas;

- Identification of potential models of good practice for accreditation of APL/APEL in nursing, midwifery and health visiting.

From the above specification a proposal was developed under the umbrella of the South East England Consortium for Credit Accumulation and Transfer (SEEC). It was commissioned by the ENB, commenced in October 1994 and was completed in January 1997. The research was carried out by a team from the University of North London and Anglia Polytechnic University. There was considerable experience and expertise within the team, both in AP(E)L and credit systems in Higher Education (HE) generally and specifically in nursing and midwifery education.

The Project team worked alongside a parallel project also commissioned by the ENB. This is an evaluative research initiative, designed to examine the implementation of the Framework for Continuing Professional Education leading to the Higher Award. It is due to be completed in 1997. In light of the articulation between the Framework and AP(E)L systems and processes it was important to be aware of the interim findings from each research team. Contact was maintained, via steering group membership across the two projects. Findings from the evaluative project informed the findings of the AP(E)L research team. In addition, one of the researchers on the AP(E)L Project was also the director of a national Employment Department funded project investigating the development of guidelines for credit (SEEC 1996). This gave the team direct access to current debates in HE around credit definition and practice. The Project was thus part of a wider research network which provides added confidence to this investigation.

Summary Of The Project

The aims of the Project, in line with the ENB project specifications were, as follows:

- *to gain an overview of practices and procedures concerning AP(E)L throughout all institutions offering nursing, midwifery and health visiting continuing education programmes;*

- *to compare and contrast the accreditation of prior learning for nurses, midwives and health visitors across the sector;*

- *to identify specific quality assurance issues concerning the reliability and validity of AP(E)L strategies*;
- *to identify models of good practice.*

The Project began with an initial literature review (chapter 2). It is important to note from the review that no similar credit or AP(E)L research on this scale has been carried out in HE. The absence of initial data and research methods on which to draw led to the development of innovative methodologies (chapter 3). These were encompassed within a pilot and main survey of all institutions in England offering nursing, midwifery and health visiting continuing education programmes. There were 83 institutions in all. The survey provided a snapshot and national map of AP(E)L developments to date in nursing and midwifery. It was followed by an intensive tracking study of 10 of the 83 institutions. Case studies were formulated from these 10 institutions using document analysis, interviews and assessment of APEL accounts.

Data from the tracking study were analysed using a composite framework constructed from the SEEC Code of Practice for AP(E)L, supplemented by the ENB and Higher Education Quality Council (HEQC) codes of practice and guidelines. Common themes and issues emerged from the case studies which shaped the findings (chapter 4), the implications for good practice (chapter 5) and the developmental debate (chapter 6). A wealth and wide variety of data was produced from the survey and the tracking study (see Document 2 - Annexes to Final Report) which enabled detailed cross-referencing and verification of findings.

Examining reliability and validity of AP(E)L education strategies during a period of immense change for nursing and midwifery was very challenging for the research team. There was a recognition that although many issues were associated specifically with nursing and midwifery, there were also underlying credit-related problems affecting the whole of the HE sector. These included lack of an agreed definition of credit or an agreed understanding concerning levels and no agreed credit-rating attributable to professional courses overall. It was acknowledged that although these issues could not be resolved within the context of the Project, it would be extremely useful if it both informed and was informed by, the concurrent SEEC/Employment Department Project which was seeking to secure agreement across higher education institutions (HEIs), on a process to determine credit ratings.

A major aspect of the brief for the Project is to provide the ENB with a direction for good practice within AP(E)L and to indicate ongoing and developmental implications of the findings. The Project is also intended to be of interest and use to nurse educationalists. There are also significant implications which the research team have attempted to capture and articulate for HEIs and educational managers. The Project team has sought to draw upon national debates and to contribute both to them and to emerging accreditation practice across nursing and midwifery and HE.

THE CONTEXT AND BACKGROUND

The National Context

The Project should be viewed both within the context of developments in HE as a whole, with reference to the accreditation of prior learning and the context of changes in nursing, midwifery and health visiting education.

Recent HE debates and reports such as 'Choosing to Change: Extending Access, Choice and Mobility in Higher Education' (HEQC 1994) have highlighted credit frameworks as a vital aspect in developments towards a more flexible, student and employer-centred structure of education. The National Committee of Inquiry into Higher Education chaired by Sir Ron Dearing is briefed to make recommendations on the size, structure and funding of HE for the next twenty years. It is due to report in 1997 and may well make recommendations which impact on both the short and long term development and direction of AP(E)L in HE. It will undoubtedly have implications for the future of professional education.

Within nursing and midwifery education specifically, the move towards crediting and the use of AP(E)L has been speeded up by a pressing need for continuing professional education and development. Over recent years there have been many reviews and commentaries on the nursing workforce.

These have included a focus on recruitment and retention policies; the Audit Commission describes nursing as traditionally:

> *'a high intake, high wastage profession'* (Audit Commission 1991).

The need for part-time and flexible working hours for staff and for an adaptable workforce able to meet changing service needs has been highlighted:

> *'(We need a) flexible, adaptable work force, constantly able to update its skills and practice'* (Hancock, RCN 1992).

These concerns impact on the nature and structure of nursing and midwifery education and particularly on the opportunities which AP(E)L offers. The advent of more flexible systems within HE and the opening up of the skill/knowledge debate has particular importance for nursing and midwifery education and for a recognition of professional and practice issues as key elements of what may be called *academic currency*.

Alongside these commentaries there have been concerns of individual practitioners in relation to increasing insecurity and mobility in the job market, as new Project 2000 practitioners and issues such as *skill mix* take hold. These concerns have created pressures for individual nurses and midwives to develop academically as well as professionally in order to progress their careers. This is often reflected in initial course inquiries from nurses by the question:

How can I get a degree as fast as possible ?

The decision to shift former colleges of nursing and midwifery into HE is an important factor in the background to the Project. It locates nursing and midwifery education firmly on the HE agenda. It is having an impact on both partners financially and organisationally. Not least, the changing educational location of nursing and midwifery education has occurred at the same time as the rapid expansion of HE and increase in student numbers across the sector. The Project suggests that the impact on educational developments such as crediting and AP(E)L are not yet receiving the attention they merit. The current settling down period is suggested in the report as vital in terms of developing appropriate AP(E)L processes to support flexible education systems needed in the Health Service.

AP(E)L processes and credit systems are part of wider educational debates addressing philosophical and cultural directions for the future. They are also closely allied with practical and realistic parameters. These latter include the tight economic and funding constraints currently faced by all HEIs and the competitive market in health care where employers are looking to combine quality with value for money. Commissioners and providers are increasingly stakeholders in educational processes, with a particular interest in the development of accreditation of learning for employees.

Nursing And Midwifery Education

Professional standards of education in England are implemented by the ENB. All major programmes are now normally validated jointly by HEIs and the ENB. Health Visiting along with District Nursing has been taught within HE for many years.

In the main, all other pre- and post-registration nursing and midwifery courses, which were formerly based within independent nursing/midwifery schools and colleges, are new to HE. The research covers three broad categories of educational programmes.

The first category is referred to and focused on most within the Project; distinctions are made in the text where appropriate. The categories are:

(i) **professional programmes for nursing and midwifery students leading to a professional and academic award**; for example, the ENB Framework for Continuing Professional Education leading to the Higher Award.

(ii) **academic programmes only undertaken by nursing or midwifery students which do not lead to a professional award**; for example, a diploma in health care studies.

(iii) **academic programmes where students with a nursing or midwifery qualification formed part of the student body**; for example, a health studies or health science degree.

The ENB provides national regulations and guidelines for the approval of institutions and programmes. ENB numbered awards are nationally recognised post-registration programmes, each with a standard outline curriculum. For example, Teaching and Assessing in Clinical Practice is known as the ENB 998. Individual numbered awards vary enormously and may range from a programme lasting 10 days to a full time course of 18 months. Many have in the past required only that participants attend the course, while others have required both degree level work and assessment. Traditionally these awards receive professional and not academic recognition. Their changing status in relation to academic programmes has provided an important focus throughout the research.

Educational development and experiences of professional courses in nursing and midwifery have thus been different to and separate from HE. These differences include the fact that in the past many ENB award-bearing programmes had national curricula and examinations and were validated by the ENB. It may be argued that this has resulted in many common developments and, to a considerable extent, in a common language within professional education. All nurse educators are required to possess a recognised teaching qualification, for example PGCE or BEd in addition to their professional qualification. These shared professional and educational roots have provided a terminology which impacts on the way in which AP(E)L is viewed within nursing and midwifery. It is often viewed differently from HE approaches to AP(E)L and this became a significant issue within the research.

Changes In Nursing And Midwifery Education And The Impact Of AP(E)L

The impact of AP(E)L has affected nursing and midwifery courses significantly. Programmes of learning have undergone great change over the past five years. They are increasingly utilising modularity and AP(E)L to develop flexible professional and academic programmes at both pre- and post-registration levels.

Major changes in nursing and midwifery education have seen:

- pre-registration changes taking nursing to diploma level with the implementation of Project 2000;
- post-registration changes where, for example, all practitioners are required by the professional licensing body (UKCC) to maintain professional profiles as evidence of continuing professional development for live registration (PREP);
- the introduction of the professional and academic framework providing practitioners with a mechanism to develop both personally and professionally - the ENB Framework for Continuing Professional Education leading to the Higher Award;
- the development of credit rating of ENB specialist courses, many of which are located within the Framework.

All of the above are considered by the Project team to impact on the striking growth of AP(E)L within nursing and midwifery education. Very particularly, AP(E)L is an essential feature of the Framework for Continuing Professional Education leading to the Higher Award and is in part a recognition of the transition period where the majority of practitioners were trained prior to Project 2000 and are without academic qualifications. The Framework is intended to enable professional experience to be translated into valid educational achievement (ENB 1992). The UKCC PREP proposals for the introduction of Specialist and Advanced Practitioner roles are also important as the statutory body has indicated that academic levels of such programmes should be a minimum of undergraduate level three for Specialist Practitioner and post-graduate level for Advanced Practitioner. This had important implications for the Project in exploring the relationship between academic level and professional practice in relation to AP(E)L.

The 'Career' Of The Individual Nurse And Midwife

Traditionally, nursing and midwifery courses have been excluded from mainstream HE. There has been some degree level nursing and midwifery education provision for some considerable period of time but in the main, professional qualifications were not seen as matching academic qualifications. Many nurses and midwives who were keen to develop their academic profile for professional or personal development did go on to HE, often on courses within the social sciences or humanities, gaining little or no recognition for their previous professional qualifications.

The introduction of the Diploma in Higher Education in Nursing (Project 2000 - UKCC 1986), the subsequent development through the 1990s of the Framework for Continuing Professional Education leading to the Higher Award and the continuing growth of specialisms supported by ENB numbered courses, has led to a situation where thousands of nurses and midwives are seeking credit for previous learning.

In addition, the opening up of the higher education system via the facility to credit skill and practice-based learning, both certificated and work-related, is enabling nursing and midwifery education to be more appropriately valued within the academic community.

These developments have proved very attractive to individual nurses and midwives who are now able to choose either to extend their professional and academic profile within nursing and midwifery, or to move into associated academic areas with greater recognition via crediting of their previous nursing studies.

The Development Of AP(E)L Within Higher Education

The Council for National Academic Awards credit accumulation and transfer system (CNAA/CATS) was established towards the end of 1986 and in the following ten years an increasing number of institutions adopted a credit-based approach. AP(E)L was one of the earliest credit approaches to be developed since it had been pioneered in this country by the Learning from Experience Trust at about the same time that CNAA CATS was established. It was initially developed to demonstrate capacity in relation to access to HE, but was soon adopted as a means of demonstrating learning which could give exemption (later credit) from certain parts of an award. This was facilitated by the increasing acceptance of a learning outcome approach, in part influenced by the development of NVQs.

In the early years there was real concern that the integrity and *holistic* nature of awards (a key part of the CNAA approach) would be affected. However, with the further development of credit-based approaches, modularity, the general need for flexibility and employers' demand for skill mixes, these concerns diminished to a considerable extent. AP(E)L is now one of the most generally accepted of the credit approaches, although there remains a continuing scepticism in some areas of HE and some HEIs towards credit and AP(E)L.

With the demise of the CNAA and competition between institutions, variations developed in the definition of credit, levels and related practices. This, alongside the continuing scepticism, affects the reliability of AP(E)L, as is illustrated in the findings of the Project.

The Development Of AP(E)L Within Nursing And Midwifery Courses

There has always been a great variety of post-registration nursing and midwifery courses to meet the needs of the many different specialisms of nurses working in hospital and community settings. Nurses are often required to obtain recognition of expertise via completion of a programme of learning in order to work or progress in a particular area, for example, renal or intensive care. Nurses and midwives tend to move between specialisms as part of their career pattern, thus accumulating a considerable profile of courses. The career path of a practitioner can thus be one of an accumulation of courses.

Specialisms often required nurses to restart courses from the beginning and until very recently, there was no clear progression between courses. Inevitably there was overlap and very little facility for obtaining exemptions from elements of courses previously taken. Thus the development of AP(E)L alongside modularity offered an exciting way forward for nursing and midwifery, particularly when linked into the new practice-based Framework for Continuing Professional Education leading to the Higher Award.

The *academic currency* of nursing courses was also very variable and often not taken into account at all for credit. The following quote is taken from a paper prepared for an HE credit accumulation workshop in 1986:

> *If I were to ask the people in this room how they calibrated an SRN against the courses in which they were involved, I would probably get at least half a dozen answers.* (Waterhouse R 1986).

In 1989 the CNAA produced, in collaboration with the ENB, guidelines for good practice in credit-rating nursing courses (ENB 1992). The guidelines appeared as a form of tariff which identified a selection of ENB numbered awards and suggested academic levels and credit-ratings. Most awards were set at level one or two and almost no post-registration awards equated to an academic award at Certificate or Diploma level. Although these guidelines were extremely useful at the time they were also limited and open to quite wide interpretation. They may have also unwittingly given the impression that the ENB itself was responsible for credit-rating programmes of study as these ideas were new to many practitioners and educationalists.

A considerable number of misunderstandings arose about credit-rating and many institutions were flooded with enquiries from practitioners citing the CNAA credit-ratings. Expectations were raised which could not be met. Both educationalists and practitioners were confused and thought that awards could be achieved by a straight forward accumulation of credits. The issues around academic level were also not clearly understood and many practitioners had vast numbers of credits, often all at level one, only a small number of which could be translated into *academic currency.*

Since 1992 there has been an immense and largely undocumented expansion in the accrediting of prior learning on nursing and midwifery education courses. From experience within the Project team and from evidence gathered from nursing and higher education networks, prior to the Project being undertaken, AP(E)L seemed to have started slowly and fairly tentatively, initially with certificated courses within higher education rather than the nursing colleges, for example degrees in health studies. With the development of the Framework for Continuing Education leading to the Higher Award and consequent innovations in portfolio preparation, the growth of applications and demand for AP(E)L has been meteoric. When these developments are viewed alongside both the numbers of nurses and midwives in the system, and the pressures on them to obtain academic recognition for career progression, it can be seen that the volume of actual and potential nurses and midwives seeking credit is substantial.

Experiences From The SEEC Health Professions Network

AP(E)L within nursing was thus beginning to emerge as a fairly weighty concern. In 1993 the South East England Consortium for Credit Accumulation and Transfer (SEEC), which had an active AP(E)L network within higher education in the south east, set up a Health Professions Network (HPN). Nursing and issues around AP(E)L very soon dominated the network and representatives of the member institutions raised a number of significant issues. While it was difficult to compile a comprehensive national picture, an audit across member institutions was carried out. The audit suggested firstly that there were examples of good practice within the network and secondly that network members, particularly those within higher education and therefore with some experience of crediting, had considerable concerns.

These included the following:

- rapid introduction of AP(E)L processes with little or no experience or support to draw on, particularly within independent colleges and schools of nursing,
- 'patchy' staff development around AP(E)L within the colleges and schools,
- a large number of nurses and midwives seeking credit for prior learning, often with little understanding of what this really meant,
- unrealistic expectations of claimants and pressure from applicants to inflate credit to respond to demand,
- a wide diversity of AP(E)L processes and practices,

- unexpectedly high resource requirements for assessing AP(E)L,
- inconsistencies in assessment decisions in and across institutions.

The nursing and midwifery experience appeared to be different from that of higher education in that the pressure from individual nurses and midwives seeking credit was becoming a real force to contend with for staff running post-registration and health-related courses within HE. A small research project within one of the member institutions revealed that two thirds of all applications for accreditation of prior learning within a busy social science faculty of six departments, were associated with one health studies degree programme (Pike and Skinner, 1990). Almost all of these applications for credit were from nurses, midwives or health visitors. As one member of the HPN suggested, the situation was experienced within some areas of higher education as:

> *'an army of nurses marching towards us, demanding academic recognition for all their previous work !'*

Although the vast majority of nursing courses are now within HE, the processes of AP(E)L which were developed were often ahead of the institutional mergers. Some of the systems within nursing colleges were developed with help from HEI partners, others were developed very much in isolation. It seems fair to comment that from the experience of the HPN many HEIs were unaware of, unsure of, or even uninterested in the AP(E)L developments in nursing and midwifery. Nurse educationalists dealing with the AP(E)L demand frequently saw it as their own problem and did not seek out support or when they did, found support not forthcoming. This was the picture from the network in 1994. The HPN members were extremely concerned with issues of validity, reliability and quality of processes and decision-making in AP(E)L systems across nursing and midwifery. A decision was taken to seek funding for an AP(E)L-focused research project. The HPN concerns to map the development of AP(E)L matched closely with the interests of the ENB and the Project was initiated.

The HPN has remained a very useful source of information and support throughout the life of the Project. It remains a very buoyant network within SEEC (see Annexe J). Some of the major points the research team learned through the network which have been strongly replicated within the Project, have been as follows:

- Firstly, that the systems of AP(E)L within nursing and midwifery are highly developmental. They have been evolving and changing throughout the life of the HPN and the Project;

- Secondly, that the speed of change around these developments has been considerable and the learning curves for nursing and midwifery educators very steep;

- Thirdly, change and developments have not been uniform. It is clear both from the Project and from new members joining the network that experiences and understanding of AP(E)L are variable and educators and institutions are often at very different stages of understanding and sophistication. On this latter

> point it is interesting that the ENB-related research project evaluating the implementation of the Framework and Higher Award noted that approximately one third of their student respondents knew very little about credit accumulation and AP(E)L (Nolan and Owens, unpublished Initial Evaluation June 1996).

From the findings of the Project it is clear that nursing and midwifery are at the forefront of AP(E)L developments. Equally, it seems vital to the maintenance of quality and professional standards that nursing and midwifery educationalists should work together with their HE partners to ensure that future curriculum development and linked AP(E)L practices are sound. The ENB decision to investigate AP(E)L practice within nursing and midwifery is extremely timely at this critical period of educational development within nursing and midwifery.

A Guide To Reading The Report

The final Project documentation has been divided into two discrete parts. They have been separated for ease of reference although each document can be read independently. This first document contains the report itself and details of the Project. Each chapter has an introduction outlining the contents and a summary of the main points in the concluding section. Cross references are made between chapters in the report and in the second document to help the reader and avoid repetition. Due to the size of the documentation some repetition is inevitable. The second document (Annexes document) contains all the annexes referred to in the report. These provide comprehensive details of the methods, results and pertinent background information.

The Project highlights the problems with terminology and acronyms around the use of credit. In order to clarify terms used here, the Project team produced a glossary which appears in both documents (see Annexes A and I). The researchers intend that no institution or individual is identifiable, thus the glossary seeks to standardise terms which minimise identification.

The pronoun *she* is used with reference to nursing and midwifery personnel to ensure clarity and acknowledge the gender bias which exists in the profession. The term nursing and midwifery is used throughout with regard to AP(E)L in the professional groups. The term health is used broadly to cover professional and non-professional groups or areas directly relevant to AP(E)L.

Chapter 2

LITERATURE REVIEW

INTRODUCTION

This chapter provides an overview of the relevant literature and work that underpins this Project. It is important to note that very little research of the nature undertaken in this Project has been carried out in HE nor in nursing and midwifery education. Most work has been localised and, although useful, is limited in its wider application. Exceptionally, concurrent work is in progress, also undertaken by SEEC, funded by the Department for Education and Employment (DfEE) which addresses national credit issues. This work and its relationship to the Project is discussed within this chapter.

Despite reassurances that a form of AP(E)L was offered by a UK university as early as 1836 (Nyatanga, 1993) most people locate early accreditation of prior and experiential learning with the United States of America in the late 1960s. The growth of accreditation of prior and experiential learning in the UK during the last ten years has been paralleled by the volume of literature. The literature review made clear that there is a distinction between theory and practice or rather the operationalisation of AP(E)L within individual institutions. A body of knowledge has developed around credit issues and AP(E)L over the years.

Whilst AP(E)L is generally considered to be 'a good thing' it is frequently absent or isolated in HEIs. Despite developments in the academic debate, established credit frameworks and practice guides have remained largely theoretical and untested regarding APEL across the HE sector. Even those institutions which whole-heartedly support and promote AP(E)L were limited in their experience of APEL.

In contrast, much of the demand for AP(E)L in HE has taken place in the health field and particularly in nursing and midwifery education. Nursing and midwifery educationalists have brought a fresh perspective to the debate and, what is more, have actually implemented and tested these concepts.

The relative 'newness' in the implementation of AP(E)L is very important, particularly as there was little available in the literature which addressed the complexities of professional and academic programmes. The increasing number of AP(E)L articles in nursing journals bears witness to the advent, interest, development and growth of AP(E)L in nursing and midwifery. Much of this work focuses on the operation of AP(E)L in order to inform peers and practitioners of the value and significance of AP(E)L. This chapter can but provide a flavour of the literature informing the Project.

OVERVIEW OF LITERATURE

Early documents on Credit Accumulation and Transfer Schemes (CATS) (CNAA, 1989) and accreditation of prior and experiential learning (Evans, 1988) set the scene for future developments. The ENB and CNAA (1989) published agreed general credit-ratings for a range of professional awards: these were later amended (UKCC 1993). By this point nurse education was becoming increasingly and firmly established within higher education following the introduction of the Diploma of Higher Education Nursing (Project 2000 UKCC, 1986).

More and more qualified nurses and midwives were seeking to use the opportunities presented to them and, in particular, to use AP(E)L not just for access to degrees but in order to gain what was called advanced standing and/or exemption and is now, more appropriately, called admission with credit.

The ENB published 'Adding up the Past. APL/APEL: Guidelines for Good Practice' (1992) which linked the Framework for Continuing Professional Education leading to the Higher Award with AP(E)L and life-long learning. The National Board for Nursing, Midwifery and Health Visiting for Northern Ireland (NBNI) published, 'The Structure of Professional Education: A Continuing Education Framework for Nurses, Midwives and Health Visitors' (1995).

More and more was being published in relation to experiential and work-based learning (Kolb, 1984; Weill & McGill, 1989; Adams, 1991; ED Project, 1992). Organisations such as BTEC (1990) demonstrated their interest in AP(E)L as a route to achieving occupational standards (NVQ). In 1991 O'Grady, working as Senior Research Officer with City and Guilds of London Institute wrote:

> *APL is fast being established as a normal route to certification in the UK, especially where National Vocational Qualifications are concerned. As Slusarchuk and Nicholl point out, the main concerns in the APL process, in so far as the examining and validating bodies are concerned, are with Reliability and Validity* (O'Grady 1991:188).

O'Grady explains how, when the contents of a portfolio will be "unique and unpredictable", consideration of common "evidence factors" of authenticity, retention, relevance, quality and variety will help to address these issues. Indeed, the definition of validity and reliability is the subject of considerable debate not just in respect of AP(E)L but in assessment and self-assessment of work-based learning as a whole (Benett 1993). The researchers are of the opinion that this scepticism is, in part, responsible for the resource-intensive way in which APEL is managed, including the number of people involved in the decision-making process. During the ten interviews with practitioners in the field of AP(E)L, the researchers found their respondents were very keen to establish that they were not 'giving anything away' and that credit was earned through evidence of attainment.

There has been a growing interest in the process and outcomes of reflection (Schon, 1993; Stockenhausen, 1994; Boud et al, 1995). Interview respondents made frequent reference to this concept, particularly in relation to APEL. It was a skill that had to be mastered in order to enable students to develop their APEL claim.

Records of achievement, together with profiles and portfolio development, were offering new opportunities and empowering individuals (ILEA, 1988; NCVQ, 1991; CNAA, 1992; Young, 1992). Student respondents within this Project were either already maintaining a portfolio for personal/professional reasons or had begun this process as part of making their AP(E)L claim. The Project found that developing a portfolio was the most commonly used means of presenting an APEL claim. It was apparent that there was some confusion occurring in relation to the difference between portfolios intended for different purposes.

Groups of professionals with shared interests and concerns were coming together as networks and publishing (SEEC, 1993, 1995; London Together, 1994). Individuals shared their concerns and experiences with colleagues and potential students (Simosko, 1991; Butterworth, 1992; Winter, 1993). This desire to share was reflected within this Project.

The volume of published literature from nurse educators involved in AP(E)L has increased (Nyatanga and Fox, 1991; Robotham, 1991; Davies, 1992; Howard, 1993; McHale, 1993; Nyatanga, 1993; Selway and McHale, 1994; Teasdale, 1995). However, this increase has not paralleled the amount of work taking place. AP(E)L practitioners interviewed during this Project were, it seemed to the researchers, very busy people and AP(E)L was just one more thing added to their workload.

It has become clear to many that there is a need to establish standards and that there may be potential benefits associated with collaboration and possibly a national credit framework. Issues of level and volume of credit have been debated at conferences and in publications. In 1992 the Further Education Unit (FEU) published 'The Assessment of Prior Learning and Learner Services' and a discussion paper called 'A Basis for Credit?' which explored the potential benefits of common currency and language. Groups such as 'London Together' and the 'CAT Network' were formed, the former publishing in June 1994 'Establishing the Credit Framework for London'.

This Project was made more complex by the different use of language and credit-rating approaches used by respondents and was shown to be particularly evident when considering APL in respect of ENB awards, for example, ENB 998. For APEL, not only did volume of credit vary for the same learning achievements but levels were variously identified. Added to this was the fact that respondents within this Project had built upon purely academic criteria for determining levels because of the need to locate them within practice. This does nothing to aid the understanding of potential AP(E)L claimants trying to understand why institutions cannot agree how much credit their prior learning is 'worth'.

In 1994 HEQC published 'Choosing to Change: Extending Access, Choice and Mobility in Higher Education' in which recommendations were made for a national framework but recognising that some institutions may need to make changes. In 1995

HEQC published 'Guidelines on the Quality Assurance of Credit-Based Learning' and in May 1996 SEEC published 'Credit Guidelines, Models and Protocols' a DfEE funded development. However, as yet there is no national agreement.

Acronyms abound and it seems to the researchers that every document has to begin by providing a glossary and defining terminology. In particular, the words access, advanced standing, and admission with credit can be problematic. For example, HEQC (1995) state:

> *It is important to distinguish specifically between the approach to experiential learning at access level and at undergraduate/postgraduate levels. At the access level an emphasis is often placed on drawing generally on life experience to identify key areas of learning. This general approach is less appropriate, and can be misleading, if applied to learning from experience applied to the undergraduate/postgraduate levels*
>
> (HEQC 1995: 36).

The South East England Consortium for Credit Accumulation and Transfer (SEEC) adopted the acronym AP(E)L but define it as assessment not accreditation of prior (experiential) learning. In 1996 Universities and Colleges Admissions Service entered the AP(E)L arena by publishing 'Accreditation of Prior Learning: Briefing for Higher Education'. This document uses APL as an "umbrella term" including both prior certificated and experiential learning. It introduces two other acronyms: that is, APCL when referring to accreditation of prior certificated learning and RPEL as recognition of prior experiential learning (as an alternative to APEL). The document suggests that AP(E)L may be used for entry into an institution; direct entry into a second or subsequent year of a programme; or advanced standing with credit towards a target award (for example, the award of credit against specified modules within a programme which do not necessarily amount to the equivalent of a whole year).

The issue of national credit agreements is currently the subject of extensive and on-going DfEE research delivered conjointly by SEEC, the Northern Universities Consortium for Credit Accumulation and Transfer (NUCCAT) and the Higher Education Credit Initiative in Wales (HECIW). This research will articulate with Scotland (SCOTCAT), Northern Ireland and the Northern and Yorkshire NHS initiative through an Inter-Consortia Network which will aim to continue after the Project (due for completion September 1998). It will attempt to resolve further credit issues as they arise. This DfEE research entitled "A UK Credit Agreement for Higher Education" brings together three earlier DfEE funded projects conducted by SEEC, the Higher Education Credit Initiative in Wales (HECIW) and the Northern and Yorkshire NHS Initiative completed in March 1996.

This DfEE Project asserts that the critical issues which need to be resolved if AP(E)L is to have validity and reliability *between* institutions are: definitions on credit, generic levels descriptors, specific and general credit; credit tariff; and possibly agreement on NVQ-Academic articulation and transcripts. The aim of the new project is to enable each of the three consortia to consider the outcomes of other consortia developments, including those in Scotland and Northern Ireland; to make any recommendations for modification; and to involve other institutions which have not been involved in the debate. The intention is to develop an inter-consortia agreement on credit including *inter alia*:

(i) credit definition and tariff, work-based learning, international credit,

(ii) generic levels descriptors, learning outcomes and assessment criteria,

(iii) academic and vocational articulation; specific and general credit; transcripts.

Details of the emerging agreements can be found in Annexe K.

The wealth of literature highlighted in this overview indicates that, as yet, there is no consensus around AP(E)L. Ironically, the autonomy of HEIs and diverse local AP(E)L developments conspire to prevent national collaboration and genuine credit transfer. This has implications for auditing quality and choice for the 'customer'. This is particularly true in nursing and midwifery education where purchaser as well as professional requirements will influence the shape of provision locally, and the notion of national programmes and standards are tested.

Chapter 3

METHODOLOGY

INTRODUCTION

This chapter explores in detail the methodology for the Project. It includes the rationale, description and critique of the methodology. Details of the methods and processes are found in annexes A, D, E and G in the Annexes document.

A variety of research methods were employed in order to address the Project aims. Some aims were relatively straightforward to achieve. However, the issues of reliability and validity became increasingly complex. Both reliability and validity highlighted the tensions between intra- and inter-institutional findings and the highly developmental nature of AP(E)L. As discussed in chapter 1, this research took place in a climate of constant change.

The methodology was complicated by the conceptual and abstract nature of much of the terminology used for credit and AP(E)L. This is evidenced by the plethora of definitions and acronyms and their different applications to the assessment and accreditation process. The use of language and terminology posed particular dilemmas for the researchers and became a major theme which emerged throughout the Project. A discussion is included here which highlights some of these complexities: the uniqueness of the methods required to access the data and their limitations. It is pertinent to note that very little AP(E)L research of this scale or nature has been carried out in HEIs (see chapter 2). Therefore, there was little to draw upon and the researchers sought to break new ground in making AP(E)L systems and processes transparent and visible.

The Project lasted two years from October 1994 to October 1996 and involved a survey of 83 institutions and follow-up tracking of ten institutions.

THE RELATIONSHIP OF THE METHODOLOGY TO THE PROJECT AIMS

The original aims of the Project as indicated in chapter 1 were to:

- gain an overview of practices and procedures concerning AP(E)L throughout all institutions offering nursing, midwifery and health visiting continuing education programmes;
- compare and contrast the accreditation of prior learning for nurses, midwives and health visitors across the sector;

- identify specific quality assurance issues concerning reliability and validity of AP(E)L strategies;
- identify models of good practice.

The methods used were required to do the following:

- generate high quality data to meet the Project aims;
- demonstrate individual differences at departmental and/or institutional level;
- allow comparison between institutions;
- add to the existing knowledge base and be useful for further investigation.

The researchers were able to draw upon the expertise of their peers in the Health Professions Network (HPN) in each phase of the Project (see Annexe J). This allowed them to clarify concerns and pool experiences and expertise regarding AP(E)L. This process was informal but invaluable to the Project.

Quantitative and qualitative methodologies were developed. They encompassed the following:

- a pilot and main survey - using a postal self completion questionnaire for all institutions in England;
- an institutional follow-up study - using document analysis, interviews and assessment of APEL accounts.

The main survey sought to elicit data which would address the state of current AP(E)L practice nationally and enable responses to be compared across institutions. It was expected that the survey responses would indicate areas for further investigation in relation to the reliability and validity of assessment strategies as different models of AP(E)L practice would be identified.

Tracking methods were chosen to allow further exploration of reliability and validity of the assessment strategies themselves. This was to be achieved using interviews and assessments of APEL accounts and document analysis.

TIMETABLE AND DATABASE

Timetable

The Project involved four distinct phases over the period of the Project.

Phase One: October 1994 - March 1995

- establish institutional database
- design questionnaire for national survey

- pilot questionnaire
- analysis of pilot
- main survey
- preliminary analysis of survey
- design coding frame
- first steering group meeting

Phase Two: April 1995 - September 1995

- database revision
- enter data on SPSS from main survey
- analysis of survey data
- determine criteria for selecting institutions for tracking
- identify institutions to be tracked
- seek permission for tracking
- formulate interview and tracking schedules
- second steering group meeting

Phase Three: October 1995 - January 1996

- contact institutions and send information for tracking, arrange visits
- interview AP(E)L staff and students
- review institutional information, track selected candidates through the assessment and accreditation process
- preliminary analysis of tracking
- third steering group meeting

Phase Four: February 1996 - October 1996

- analysis of tracking data
- final analysis of all data
- final steering group meeting
- report writing
- proposal for dissemination - conference

Minor adjustments were made to the original timetable to ensure optimum involvement of institutions during tracking. Phase three was delayed to take account of the academic year.

Database

The database was initially constructed using the ENB institutional database for post-registration programmes in nursing, midwifery and health visiting. At that time, the institutional names rarely indicated any link with higher education institutions, even those with which they were integrated. The original database identified approximately 200 institutions. It was recognised that, as further amalgamations with HEIs progressed, this was changing rapidly and offered a limited picture of nursing, midwifery and health visiting education during that time. There had already been a series of amalgamations of former schools of nursing and midwifery into large colleges of health. Many colleges had integrated with HE, some were in the process of this and some were expected to do so within the first year of the Project. Information about those responsible for AP(E)L was not held on this database.

A revised ENB database became available and some additional information about higher education institutions was available from the SEEC database. The final number was 90 institutions although amalgamating continued.

THE QUESTIONNAIRE

Questionnaire Design And Target Respondents

A questionnaire was considered to be the most efficient way of gaining an overview of current thinking and practice nationally (see Annexe A). The researchers spent a significant amount of time designing the questionnaire. Members of the Health Professions Network contributed to the draft questionnaires and piloted them informally. This was useful for identifying ambiguities in the questions and assumptions about the definitions of credit. It was clear that the questionnaire would need to allow for a range of existing credit systems and diverse understandings of credit systems.

The final questionnaire had a total of 129 questions within sections 1-4 (see Annexe A). Section 4 was divided in two for APL and APEL respectively as the researchers were aware that some institutions used APL only. There were a further 10 questions in the open section which were optional. The questionnaire was formulated for analysis using SPSS.

During the design phase, the researchers debated at some length for whom the questionnaire would be designed and who was most likely to complete the questionnaire. It was decided that the most appropriate person would be the AP(E)L Co-ordinator or equivalent within each institution (see Annexe A, para 5). This would be a person with responsibility for overseeing CATS within nursing and midwifery programmes.

Data Required

The questionnaire was intended to elicit information about the following:

- who had responsibility for AP(E)L;
- the nature of links with higher education;
- CAT systems in use;
- AP(E)L processes and quality assurance in place;
- criteria used in assessment;
- indicators of consistency which permit comparisons;
- specific credit ratings for key courses particularly the ENB 997/8;
- individuality of systems and processes.

Based on previous experience with the Health Professions Network, the researchers anticipated difficulties in interpreting results. This would be the case where respondents interpreted and defined aspects of credit and credit systems differently. While this was important to review and examine, there had to be sufficient shared understanding to enable analysis to take place.

To overcome this problem a brief glossary was included in the explanatory notes with each questionnaire (see Annexe A). It was not necessary for respondents to agree with the definitions used, rather it was intended to provide clarity and transparency in order to facilitate completion of the questionnaire.

Questionnaire Format

The complex nature of the questionnaire and the details of systems and processes required it to be fairly lengthy. The researchers were concerned that this might discourage completion. In an attempt to counteract this problem and to ease future analysis the questionnaire included:

- a glossary to establish common understanding;
- five separate sections which were colour coded to facilitate movement through the questionnaire;
- a brief introduction to each section;
- prepared multiple-choice responses which required ticking;
- fast track elements to avoid non applicable questions or sections;
- additional space for individual responses;
- a contact name for clarification should this be necessary.

Sections Within The Questionnaire

The questionnaire was divided into five sections. The ordering of the sections was planned to assist in eliciting the stage of AP(E)L development and level of AP(E)L activity within the institutions. The sections were as follows:

- section one sought general information about the institutions, including key personnel responsible for AP(E)L, contact details and the nature of links with HE;
- section two requested information on current CATS processes in relation to HE;
- section three sought specific information about credit for ENB awards;
- section four was divided into two sections and focused on processes, procedures and practices for APL and APEL respectively;
- section five gave illustrative examples for respondents to express aspects of their own systems in practice.

THE PILOT STUDY

Pilot Sample And Distribution

The pilot was based on a sample of nine institutions (three from the SEEC Health Professions Network) and selected on the basis of one in 10 of the total number of the institutions in the database. Those institutions chosen to take part in the pilot constituted a convenience sample and were excluded from the main survey.

The purpose of the pilot was to test out the questions and ensure that the responses could be analysed and compared. In view of time constraints and a threatened postal strike the sample was selected using the following criteria:

- institutions based in south east England;
- personnel known to be responsible for AP(E)L/CATS for ease of follow up;
- institutions representing a diversity of continuing nursing, midwifery and health visiting education;
- institutions representing a geographical spread across south east England;
- institutions not directly involved in the development of the pilot questionnaire to date;
- institutions representative of those within the SEEC network and without.

The distribution of the questionnaire was timed to avoid the Christmas period. Questionnaires were sent out at the end of the first week in January. Even so, a postal strike in the London area delayed the return of the questionnaire and some respondents were followed up by telephone.

Sensitivity Of The Research Instrument

The research instrument was able to elicit the kind of information required for tracking. This instrument was sufficiently sensitive to identify similarities and differences in a number of inter-related areas of practice.

The stems, questions and options were sufficiently broad to enable most respondents to 'tick the response boxes provided and to avoid the need to continually qualify responses through additional writing. Colour coding the questionnaire was useful as it was obvious if a returned questionnaire was a photocopy. This prevented double counting of responses from a single institution. Similarly, dividing the questionnaire into sections made coding and preliminary analysis more efficient.

Modification Of The Questionnaire

Modifications were minimal following the pilot (see Annexe A - please note this is the modified questionnaire). The following specific modifications were made:

- interlinked questions were modified to clarify responses for example, questions 15-20;
- statements were added in order to minimize blank or ambiguous responses;
- open questions were adapted to facilitate coding;
- terms were added to the glossary which were not clear for example, 'subsumed';
- respondents were encouraged to identify their usual practice rather than exceptional practice;
- one question was added about the level of AP(E)L fees;
- five extra questions were added about the ENB Higher Award to establish a context for the responses.

THE MAIN SURVEY

Survey Sample And Distribution

The main survey questionnaire was distributed to the 83 institutions in England offering nursing, midwifery and health visiting education at the beginning of March with a return-by date of 1st April 1995 (see Annexe A). A covering letter was addressed to the principals of nursing and midwifery education rather than named individuals since the team could not be sure what arrangements existed for opening post in the absence of a named individual, and changes within the structure of organisations were frequent. (The title of principal was still widely used at the time of the survey).

Respondents were requested to return the questionnaire in whatever state of completion by the given date. A stamped addressed envelope was provided with a return address to the SEEC Office. This meant there would be a central collection point to improve efficiency.

Of the 52 returned questionnaires (63% response rate), 47 were unspoilt or sufficiently complete for use in data analysis; 55% (n=47) of institutions indicated that they were willing to be tracked.

Respondents highlighted that further amalgamations would take place in April and August 1995. Even though a further decrease in 'sample' size was likely, it was anticipated that a diversity of practice would continue in all probability in the short term. Institutions were also invited to submit documentation which would help the researchers to understand systems and processes.

The major outcomes of the survey addressed the first two aims of the Project described earlier. The survey also generated important data to begin to explore the remaining aims in tracking and provided the following:

- a national overview of the stage of development of CATS and AP(E)L in post-registration nursing and midwifery;
- a 'snapshot' of credit rating of the ENB 997/8 awards across institutions;
- an indication of the consistency of AP(E)L approaches (this was illustrated by the coherence of responses);
- an indication of areas and issues of validity and reliability were raised through contradictory or inconsistent responses.

Limitations Of The Survey

These include the following:

- it was unclear (and often the respondents themselves were unclear) whether the nursing and midwifery responses were representative of the whole of the HEI or only the nursing and midwifery college;
- developments in the institutional bases were occurring rapidly which exacerbated the above situation and constrained the scope of the research; in addition there were database inaccuracies in the population,
- it proved, in a number of institutions, difficult to address in-depth differences between AP(E)L policy and practice, the nature of CATS systems or to penetrate reliability and validity of systems and processes,
- two questions did not give a full range of options, i.e. regarding all possible combinations of academic levels offered.

PLANNING INSTITUTIONAL TRACKING

Rationale For Tracking

This phase of the Project followed on from the analysis of the survey results (see chapter 4). It lasted six months and involved detailed tracking of 10 institutions drawn from the main survey. Tracking needed to address the remaining two Project aims identified earlier. This would be achieved by following up AP(E)L systems and processes in detail to investigate further the reliability and validity of assessment strategies. It was intended to identify models of good practice where possible. Therefore the tracking methods used were comprehensive, flexible and innovative to ensure that as far as possible the review generated results across institutions and processes within them. Tracking included a request for information concerning:

- AP(E)L administration;
- student guidance and support;
- credit and assessment processes;
- quality assurance processes;
- credit definitions, tariff and level descriptors;
- ENB 997/8 award;
- staff development;
- assessment of independent APEL accounts;
- decision-making process for assessment of credit;
- AP(E)L Co-ordinators' experiences;
- AP(E)L Assessors' experiences;
- Students' experiences.

Research Methods Sampling and Criteria Used In Tracking

These were designed to test the AP(E)L strategies in place and included:

- structured interviews with staff and students;
- assessment of pre-circulated APEL accounts;
- AP(E)L document analysis.

There was a need to ensure that the sample drawn for tracking was as representative as possible. It was not realistic to identify what a 'typical institution' might be given that institutions were constantly changing. This sample of 10 institutions represented over 10% of the main sample surveyed allowing for further integrations. The researchers considered it important to represent as full a diversity as possible of AP(E)L practice in the tracking sample.

Criteria for the selection of these institutions were formulated with advice from the SEEC Health Professions Network and the steering group. Other criteria emerged from the findings of the pilot and main surveys. The researchers recognised that the number of criteria also acted as a constraint during selection. The following list, not ranked in order of importance, contains the overall criteria used:

- geographical spread across England;
- size and nature of institutions, a mix of old and new;
- CATS in operation - modular schemes, non-CNAA models;
- colleges of nursing and midwifery integrated with higher education institutions, loose associations and multiple partners;
- diversity of quality assurance systems - the existence and complexity of AP(E)L monitoring;
- current range or level of AP(E)L activity to encompass the number of students indexed and graduating with the Higher Award;
- length of time the Higher Award or AP(E)L had been offered and the relationship of Higher Award to other related BA/BSc programmes;
- AP(E)L themes and interesting anomalies which emerged from survey.

Institutional Tracking Models

A series of institutional models were formulated, with guidance from the steering group, containing key criteria (see Annexe D). These models were drawn from responses within the completed questionnaires.

Seven models emerged, some had similar characteristics (see Annexe D). Each model had between four-six criteria. At this stage the researchers were not describing models of good practice but models of diversity in institutional practice across the nursing and midwifery sector.

The researchers recognised the limitations of this approach, particularly as the situation for many institutions already had, or would have, changed by the time tracking took place. Forty seven institutions (55%) indicated that they were willing to be tracked. The researchers' own institutions had indicated willingness to be tracked but were excluded.

Each institution's questionnaire was reviewed to determine which model it most closely corresponded with. This was a more straightforward process than anticipated. All the models were used (see Annexe D). Some models appeared more frequently than others. Occasionally an institution could have met the criteria of more than one model and in that case further criteria from the models were considered.

Once all institutions were categorised by model, they were selected on the basis of geographical distribution. This ensured representation across the country and across a range of models. Institutions were divided by area into North, South, East, West or Midlands.

The final 10 selected were screened by the ENB to ensure that they were not subject to other current ENB research such as the Higher Award and also that they had not been over-used for research. Tracking included a visit to each of the 10 selected institutions. Additional documentation was requested prior to the visit, for example, any credit-related guidelines, committee minutes to show decision-making and quality assurance mechanisms (see Annexe E).

Dilemmas For The Researchers

At this point we consider methodological debates which informed the research at this stage in the process and return to tracking on page 27. The researchers were experienced in the use of CATS and AP(E)L systems. This expertise proved vital to understanding the nuances of the research. It also proved extremely challenging in the tracking process and there was a danger that they might unintentionally impute knowledge or meanings within the structured interviews. For example, different understandings and use of acronyms, i.e. APL, could lead to a 'false' picture of what was taking place in a particular institution. This is evidenced in the review of the literature in chapter 2 which shows the complexity of developments. Continuing with the example of APL, this may be assumed on the surface to be relatively trouble free. It can be interpreted in different ways, for example, assessment of prior learning may be certificated learning only (SEEC 1996) or as accreditation of prior learning as distinct from assessment and finally it sometimes refers to both certificated and experiential learning (UCAS 1996).

The researchers were conscious of the need to clarify their own understandings of the AP(E)L concepts, practices and developments throughout the Project. They were able to draw upon the HPN at appropriate points to gain collective views and different interpretations of common concepts. The glossary was initiated at the start of the Project and added to as development continued. It reflects the need for transparency and the requirement to ensure that the researchers were working to agreed definitions and concepts.

The researchers identified potential pitfalls during tracking. They included the need to avoid:

- *acting as a validation panel to approve credit systems and AP(E)L processes as 'appropriate';*
- *challenging/approving the outcomes for AP(E)L itself, for example, volume of credit given;*
- *making recommendations for change on a highly individual basis;*

- *dismissing institutions with poorly developed systems, experience or expertise of staff;*
- *confusing common terms and use of language;*
- *becoming part of the AP(E)L process, i.e. advising staff.*

Establishing The Reliability And Validity Of AP(E)L Strategies

Considerable discussion has taken place between the researchers, the steering group and the HPN in trying to establish the concepts of reliability and validity and approaches to good practice for AP(E)L assessment strategies. Invariably, these discussions have lead to comparisons with 'regular' academic assessment.

Assessment is central to work within higher education. There are inevitably common concerns regarding standards and parity. AP(E)L, by its very nature, is a form of academic assessment and this places it within a debated and often contested sphere. Assessment decisions are not separate from the ethos and regulations of the institution, the context of the programme and aspirations of teaching staff and peers. This can be complicated where professional recognition is also a requirement of the assessment process. The same may be said to be true of AP(E)L.

Within individual HEIs judgements about the reliability and validity of assessment strategies are usually subject to rigorous quality assurance mechanisms and the regular internal and external audits. Quality assurance mechanisms for AP(E)L may not be so visible.

This Project touches closely on fundamental aspects of HE endeavours regarding assessment, on, for example, the requirement to value and measure learning within agreed standards. The researchers would have found using a model of reliability and validity based on 'regular' HE assessment strategies invaluable, but no such model exists. This absence does not invalidate current assessment custom and practice built up over time in HE and this may also be true for AP(E)L strategies.

It was important in the tracking process to relate AP(E)L to regular forms of academic assessment in order to measure reliability and validity of the assessment strategies within a quality assurance framework.

Definitions Of Assessment Strategies, Reliability And Validity

One of the central aims of the Project was to examine the reliability and validity of the assessment strategies. Therefore, it was important to define these concepts in the context of the Project. The following definitions have been formulated and used by the researchers:

Assessment Strategies The process and methods by which institutions facilitate individuals in applying for and attaining credit for their prior learning. These strategies centre on the decision-making process whereby a judgement is made about the credit value of an applicant's work.

Reliability is where the assessment strategies are consistently applied. This may be at programme level, school or faculty level or institutional level. All applicants go through the same process and applicants presenting similar applications can expect the same outcome of the process.

Validity is where judgements made about an applicant's work are coherent and consistent with the assessment strategies identified. All applications are judged using objective criteria which can be challenged. These outcomes can be tested.

The researchers investigated the whole process of AP(E)L rather than focussing alone on the assessment methods used or the outcomes. The particular foci for testing the reliability and validity of the assessment strategies have been:

- *student equity in terms of access to AP(E)L and likely outcome;*
- *transparency of the AP(E)L process;*
- *authenticity of the institutional responses;*
- *the quality of the systems in place and the steps taken to assure quality;*
- *the rationale for decision-making at an individual level and its relationship to the chosen assessment method;*
- *the student experience;*
- *the transferability of individual AP(E)L strategies.*

Limitations Of The Definitions

The definitions above are of necessity limited. They must be viewed in the first instance within the context of individual institutions. Where different award and programme structures exist there may be internal reliability and validity of AP(E)L; however, if those internal findings are applied to another institution the findings may appear unreliable and invalid. For example, this may be the case where some institutions offer modular, credit-rated programmes which differ from those of non-modular institutions or where APEL credit is accepted in some institutions at level three but is unacceptable in others.

The researchers found it easier to identify reliability than validity, as objective measures were more readily available. Reliability could be judged between institutions particularly regarding APL. The ENB 997/8 award offers a specific example of this.

The collective weight of evidence from a single institution implied validity. Although using the definition above, it was difficult to identify consistency precisely regarding 'objective criteria' in decision-making. Validity was difficult to judge specifically between institutions. It was also difficult at times for the researchers to articulate what was 'authentic', although this could be confirmed to a significant extent through the shared experience described by staff and students interviewed in the tracking phase.

Validity And Reliability Of The Research Instruments

The definitions noted above are used to clarify the terms and parameters within the Project. They also shaped the methods selected to elicit how reliable and valid the assessment strategies were within institutions.

In addition, they provide a base from which to analyse the tracking data and case studies which emerge.

The researchers have sought to identify the detail of the systems and processes and to juxtapose datasets in order to deduce the consistent and authentic pattern of practice within the tracked institutions. This is facilitated by the use of a variety of qualitative and quantitative methods.

It is important to emphasise here that a distinction is being made between the reliability and validity of the research instruments used during tracking, and the reliability and validity of the AP(E)L assessment strategies within the research question. However, the definitions of the latter has influenced the design of the methods. Standard research definitions of reliability and validity may be used regarding the research instruments themselves (Oppenheim 1986, Couchman and Dawson 1996).

THE TRACKING PROCESS

Use Of The APEL Accounts

Prior to the institutional visit, two APEL accounts were sent to the AP(E)L Co-ordinators (see Annexe E). These accounts were examples of two students' work submitted for assessment of credit. Both accounts contained details of experiential learning in essay or report-type format. Both students stated that they had undertaken an ENB 997/8 course.

Co-ordinators were asked for comments and to consider the accounts as unsolicited applications for credit within their institutions. The responses were both written and verbal. They were invited to offer preliminary credit assessments based on the evidence presented. These judgements and comments formed part of the subsequent in-depth interview. The issues which could be explored were:

- whether the accounts were credit worthy;
- the level and volume of credit;
- whether general and/or specific credit was used;
- what criteria were used to form judgements;
- explaining differences between credit offered for each account;
- acceptability of the format of the 'applications';
- specific advice that would be given to students;
- exploration of the AP(E)L process.

The accounts generated additional data and would provide an objective tool to allow some comparison between institutions (see Annexes E, H and chapter 4). In addition, they allowed thorough testing and exploration of systems and processes in place.

Data Sources And Interviews

Each researcher visited five institutions. All institutions could contribute up to six distinct sources of data:

- in depth interviews with:
  - (i) AP(E)L Co-ordinators;
  - (ii) another staff member involved in AP(E)L such as an AP(E)L Adviser or Assessor;
  - (iii) students who have been through the process;
- review of documentation;
- Co-ordinators' assessments of APEL accounts;
- original survey results.

Each interview was not intended to last more than an hour as pre-arranged. Normally, this was the case. Interviews were tape-recorded for ease of analysis and to ensure accuracy when cross checking data.

Selection Of Students And Staff

AP(E)L Co-ordinators were asked to arrange for the researchers to meet with a student who had completed a claim and a member of staff involved in AP(E)L. Therefore the sample was not random. It was only possible to interview a small number of students as this was outside of the scope of the current Project.

The transcripts are confidential and assurances have been given that that they will not be made available to anyone other than the research team. It is important to note that there was a degree of sensitivity in relationships between nursing and midwifery education providers and some HE partners. Confidentiality was considered particularly important in the case of student interviewees as the numbers were small and some were anxious about anonymity.

Testing Interview Schedules

In order to test out the interview schedule the researchers conducted taped interviews with each other using the schedule and process (see Annexe E). This was a useful exercise. Although the researchers came from different HEIs they had worked together for more than a year. Much time had been spent in clarifying and agreeing terminology to be used within the questionnaire and within the interviews. On testing the schedule the researchers found that there would have to be some flexibility in conducting the interview in order to:

- permit the interviewee to divert from the schedule;
- seek clarification in respect of terminology (as the interviewee had reverted to terminology in use in their respective HEI);
- re-phrase questions and probe in order to establish principles, process and procedure.

The researchers would need to seek as much clarification as necessary and to accept that areas would not necessarily be covered in the chosen sequence. Failure to do this would result in the interviews generating no more data than a second questionnaire.

Piloting The Interview Schedule

The interviewers were conscious of the importance of conducting the interviews in a way that permitted comparison of responses across the institutions. This meant that the interviews needed to be consistent, particularly with respect to interviewer interaction with respondents.

It was decided that each interviewer would visit one institution and carry out three interviews as a form of pilot. This gave the interviewers the opportunity to consider the nature and sequencing of the interview questions and to see whether the difficulties which they had anticipated, for example relating to the use of terms and definitions, did occur. Following the interviews the researchers listened to each other's interviews and verified each other's analysis of the interviews.

This pilot allowed the researchers to check the reliability of each other's interviews and identify any bias. This was time-consuming but necessary to ensure that the data reflected each HEI accurately and enabled comparisons to be made.

It was recognised that a reliance on closed questions would not yield the information required. Some changes were made to the basic schedule which included the use of trigger questions. In particular, being able to clarify and mirror responses allowed fuller details to emerge and fundamental misconceptions to be avoided. For example, some interviewees often used the same term to denote APL and APEL and did not make it clear whether they were talking about general or specific credit.

The remaining eight institutions were visited. Once all the interviews were completed, they were transcribed to facilitate analysis between the researchers. This too was time-consuming but valuable as it provided a solid baseline to work from and the tapes were available to the research team if clarification was required.

Developments Which Occurred Between The Main Survey And Tracking

Due to the time lapse between the main survey and tracking, a great many changes had occurred in AP(E)L practices and in associated organisational areas particularly within newly merged institutions. The main survey took place in March 1995 while tracking occurred from October 1995 to January 1996.

During this one-year interval, the nature of these developments was fundamental. Apart from integration with HEIs, significant validations of degree programmes, including the Higher Award, and major staff changes including redundancies, had taken place.

A dramatic increase in the demand for AP(E)L from applicants and the need for considerable staff expertise occurred too. As a result of these developments the researchers considered it was not a valuable exercise to correlate data from the main survey in the non-tracked institutions. Instead they were able to use the survey data to contextualise the developments within the tracked institutions using the other sources. This is discussed in chapter 4.

ANALYSIS OF TRACKING DATA

Constructing An Analytic Framework

Tracking provided a considerable body of information about each individual institution's AP(E)L philosophy, practice and processes as operationalised by key staff. Although transcripts of the interviews were available, the tape recordings remained valuable as paralinguistics cannot be reflected adequately in the written word; tone and innuendo, laughter and silence add to the 'feel' of the data and the analysis referred to below. Edwards and Talbot (1994) describe the process of content analysis as:

> *.. likened to passing a comb through texts. The comb is shaped by the concerns of the research and the degree of detail required to answer the research questions. Sometimes, like tangled hair, the text fights back, resists the comb and may even alter its shape and hence the research question or concerns. An interplay between data and analytic prosess is therefore an important feature of content analysis.*
>
> (Edwards and Talbot 1994:104)

However, the tracking data needed to be structured in a systematic way to allow comparison between the institutions. The researchers considered a good practice framework for data analysis. The use of such a tool was significant as one of the overall Project aims was to identify 'good practice' (see chapter 5). The researchers decided to apply a composite framework provided by three collectively devised codes of good AP(E)L practice. These were as follows:

- the English National Board (ENB) 'Adding up the past' APL/APEL Guidelines for Good Practice;
- the Higher Education Quality Council (HEQC) guidelines on the Quality Assurance of Credit-based Learning;
- the South East England Consortium for Credit Accumulation and Transfer (SEEC) Code of Practice for AP(E)L.

The codes were cross referenced and matched to identify common principles and concepts (see Annexe G). The SEEC Code of Practice for AP(E)L was used to audit findings and address reliability and validity of the assessment strategies (see Annexe G & J). The SEEC Code of Practice for AP(E)L was the most useful for the following reasons:

- it contained the most recently developed guidelines,
- it was derived from AP(E)L experience of peers,
- it addressed operational and institutional issues,
- it was linked to a national DfEE Project on credit (see chapter 2);
- it had been devised specifically for AP(E)L as an objective quality tool;
- it offered access to developing a measure of validity and reliability;
- it provided a tool for cross-institutional comparison;
- it related well to professional and academic programmes.

The data was searched to present practices and processes accurately in each institution. To facilitate this process performance indicators were identified for each heading contained in the SEEC Code of Practice for AP(E)L (see Annexe G), for example, clear definitions of APL and APEL.

Formulation Of The Case Studies And The Emerging Themes

All the institutions were analysed using SEEC's Code of Practice for AP(E)L headings and performance indicators. The tracking data allowed the researchers to cross-reference, verify and test the information within each institution. Terms were standardised for ease of comparison whilst ensuring that the central meaning remained intact. This allowed comprehensive case studies to emerge (see Annexe H).

The researchers exchanged their analyses in order to cross-verify data derived from each institution as individual case studies (see Annexe H). The interaction between the analytic process and the data resulted in the identification of recurring themes and issues. The researchers consider this was data driven material which was significant and therefore the data were recombed in respect of the following themes:

1) roles and functions
2) language
3) resource implications
4) parity and quality assurance
5) relationships with higher education
6) developmental stage
7) pockets of knowledge/expertise
8) internal consistency
9) information systems
10) networking/collaboration
11) complexity of AP(E)L as an area for research
12) characteristics of students
13) receiving awards/programmes
14) other issues.

These emerging themes and issues were divided between the researchers and they were collated to represent a cross institutional view; during analysis an inter-institutional theme was added. This is presented in chapter 4 and in Annexe H. Material was given to one of the researchers who had not been involved in tracking to sample and test materials, analyses and conclusions drawn and report back.

CONSTRAINING FACTORS IMPACTING ON THE METHODS AND DATA

The researchers were conscious of constraining factors influencing the methodology and data collected. These factors were considered at each stage of the Project and steps were taken to minimise their negative effects. Examples of constraints are indicated below.

One of the principal constraints was the organisational and professional change which occurred throughout the Project. Change occurred at every level, and included rapid curriculum development as well as integration within HE. Relationships between the former autonomous colleges and HEIs were just beginning in many cases. In some they were at a critical stage, whilst others were more established. The researchers sought to capture the various stages of development through the questionnaire design and the formulation of the institutional models for tracking. This would ensure that the diversity of development could be demonstrated.

It was difficult to ascertain how representative the nursing and midwifery AP(E)L responses, experience and activities were in relation to their linked HEIs. Did the responses given reflect their own HEI AP(E)L policy, how widespread were AP(E)L developments in the HEI before, had nursing and midwifery staff pioneered these developments or had they 'imported' the ideas from elsewhere? Staff, quite simply, often did not know the origins of systems and processes particularly as, in some cases, changes to AP(E)L practice were being made very frequently. The researchers did address these issues, but it was often difficult to recognise fully the context of such diversity and emerging standards for AP(E)L across HE. The questionnaire design was intended to minimize these constraints by ensuring for example that the name and title of the individual who completed the questionnaire was known and by a series of questions which should have elicited a consistent response regarding CAT systems.

The diversity of meanings and potential misunderstandings regarding CATS and AP(E)L were important and, although the glossary and tracking went some way to addressing this, there were limitations to the amount of investigation which could be pursued within the Project. The researchers were conscious that extensive work on definitions had already been carried out recently (SEEC 1996) and they were not seeking to repeat this work. The interview schedule was drawn up with the tool for analysis and piloted which allowed these similarities and differences to emerge.

The project was only able to address AP(E)L within a limited number of programmes within each institution. In addition, the depth to which programmes could be examined was restricted. These points are important: where, for example, programmes were validated by one HEI but when the college finally integrated it was with a different HEI. The original validation included credit-ratings and AP(E)L systems and these were transferred in with the programme. The volume of these anomalies was difficult to ascertain but were probably considerable.

The researchers intended all aspects of the Project to be transparent and to work in partnership with respondents and it is possible that social desirability may have biased results slightly. For example, tracking was intended to elicit details of 'what really goes on'; however, given the lead-in time and pre-interview information sent out, it is possible that only the best of everything would be 'on show on the day'.

This is especially the case when trying to elicit the student experience as it was based on a small 'self selecting' sample and reflected only those who had been successful. The researchers had received enthusiastic and unsolicited useful comments about AP(E)L in the main survey and this was maintained in the tracking phase.

It may be the case that there was a mismatch between staff expertise, expectations and practice. For example, in some institutions there was much AP(E)L activity but little throughput, so all the expertise was at the 'front end' of the process. The researchers found that often staff wanted to 'sound them out' with regard to AP(E)L. In some cases APEL remained theoretical and in a few cases institutions were inexperienced in AP(E)L. The researchers throughout the interviews adhered to the schedule as far as possible. Once the interviews were concluded discussions and exchanges of ideas could take place.

The final factor was the reliance on the SEEC Code of Practice for AP(E)L as a 'good' practice' model. This is important as it was a new model, but nonetheless untested. It may have imposed its own framework which prevented the researchers from viewing the data differently. The researchers were already aware of the limitations of this method before tracking began and compensated for this by including students in the process. It must be pointed out that the Code of Practice was never intended to be used in the way it has been in the Project. It was developed by peers for peers to facilitate reflection on AP(E)L practice within individual institutions and consider ways forward in their own development.

Factors Impacting On The Data Analysis

The data analysis stage of the Project was to some extent constrained by the following factors. Firstly, the research was extremely rich in data and given limited resources and time available, there were inevitably some aspects which could not be analysed in depth. The researchers prioritised the analysis in consultation with the steering group and sought to be as efficient and effective as possible.

Secondly, there were some limitations with the SEEC Code of Practice for AP(E)L as an analytical tool as it did not directly address all aspects of the AP(E)L process, for example the criteria for decision-making. Although these constraints existed, the researchers were confident that the principles and concepts embedded in the Code of Practice were very relevant and enabled it to be used as an effective analytical tool.

The performance indicators used were by no means exhaustive. They were again limited for practical and resource considerations. Similarly, there were many more emerging themes and issues which were beyond the scope of the Project to deal with in any greater detail, for example costing of AP(E)L and the experience of students who did not receive credit.

SUMMARY

This chapter has explored the qualitative and quantitative methods devised and used over this two year Project. The reasons for the methods used have been explored in detail and the constraining factors of these methods show some of the complexities of the research area. This research took place in a climate of constant change and showed the integration of nursing and midwifery education into HEIs.

The highly conceptual nature of even basic terms used in AP(E)L presented considerable challenges to the researchers. Language, more generally, was an issue throughout as differences between nursing and midwifery establishments and HEIs emerged.

The issues of reliability and validity were increasingly complex. Both reliability and validity highlighted the tensions between intra- and inter-institutional comparisons and the highly developmental nature of AP(E)L in nursing and midwifery. As noted in chapter 2, very little research of this scale or nature has been carried out in higher education institutions generally on AP(E)L.

In order to address these complexities and ensure the Project aims could be addressed, the research methods devised were comprehensive, flexible and innovative, for instance, the use of a glossary to accompany the main survey and the provision of APEL accounts of students' work for preliminary assessment.

Chapter 4

RESULTS AND DISCUSSION

INTRODUCTION

This chapter is divided into three sections.

The first section relates to the results of a national survey of 83 educational institutions which provides a useful overview of AP(E)L development within nursing and midwifery education. The sub-headings within this section relate to those used in the questionnaire (see Annexe A). Per cent responses have been rounded to the nearest whole figure and the number of institutions is shown since the sample is relatively small. Detailed results of both the pilot (n=9) and national surveys (n=47) can be found in Annexes B and C respectively.

The second section relates to detailed tracking of 10 institutions selected from the national survey. Individual institutional case studies and inter-institutional comparisons of the APEL accounts A and B are presented in Annexe H. Institutional tracking highlighted 14 emerging themes and issues which were common across these institutions. They are presented under seven major headings. All data have been anonymised to ensure confidentiality. Illustrative examples drawn from the individual institutional case studies are shown in italics.

The third section provides a summary of the main results, discussion and conclusion of the Project.

SECTION 1: FINDINGS FROM THE NATIONAL SURVEY

Questionnaires were distributed to 83 nursing and midwifery education providers, 52 were returned (a 63% response rate) of which 47 were usable. 27% of institutions provided the researchers with supporting documentation and 55% indicated that they were willing to be included in more detailed tracking activity.

GENERAL INFORMATION

- Many of these institutions had amalgamated or were amalgamating with Higher Education Institutions (HEIs). Further refinement of the Project database occurred so that current names and status of establishments and contact personnel were explicit. This data helped to inform the selection of institutions for detailed tracking.

- Titles of educational establishments varied between college of nursing and midwifery (46%); department (20%); school (17%); faculty (9%); and other titles (7%). One respondent was not sure what they were called at that time.

- 45 respondents (96%) of nursing and midwifery education providers had links with Higher Education Institutions, 18 (41%) of these were fully integrated.

- 19 respondents (43%) said they had links with more than one HEI, this was up to a maximum of four HE partners.

- 36 respondents (84%) stated that nursing and midwifery educationalists were based where the majority of students were nurses or midwives.

- Only 20 respondents (43%) indicated that nursing and midwifery educationalists contributed to the teaching of disciplines other than nurses and midwives.

- 29 respondents (63%) indicated the theoretical elements of nursing and midwifery education were delivered on more than one site.

- Over half (56%) the respondents knew who was responsible for quality assurance regarding AP(E)L in their HEI.

- 45 respondents (96%) named the person who was responsible for AP(E)L in nursing and midwifery.

It would be reasonable to infer from the above that HEI-wide communication, shared teaching and mixing with non-nursing and midwifery education colleagues could be problematic, particularly where nursing and midwifery educationalists were based some distance from the main HE campus, for example, on a hospital site. The relationship with HEIs and degree of 'true' integration was to be explored further within tracking activity.

CREDIT ACCUMULATION AND TRANSFER SCHEMES (CATS)

- 43 respondent institutions (96%) had CATS. In 34 cases (76%) CATS extended to all continuing nursing and midwifery education courses.

- The origins of the CATS in use produced a variety of responses. Only 24 indicated that their CATS was identical to their main HE partner. Others indicated that they had modified their HEI's CATS or devised their own due to professional or staff development needs.

- Responses to specific questions on the institution's CATS, for example, the number of total credits allocated per academic year for a full-time student and notional learning hours per full-time academic year produced more mixed responses.

- 35 institutions (76%) allocated 120 credits per full time academic year and 2 institutions (4%) allocated 30 credits per full time academic year. The remaining respondents either gave another figure or made no response.

- 10 institutions (23%) and 7 institutions (16%) calculated credit based upon 900 and 1200 notional learning hours per full time academic year respectively. The remaining respondents gave other figures or were unsure or made no response.

- 19 institutions (41%) offered levels 1, 2, 3, 4(M)
  4 (9%) offered levels 1, 3, 4(M)
  15 (33%) offered levels 1, 2, 3
  4 respondents (9%) offered levels 1 and 2 only.

- 33 respondents (72%) stated that the criteria for determining academic levels were those of the CNAA.

- 40 respondents (87%) said there was a maximum amount of credit which could be awarded for AP(E)L. This ranged from 0-75%, the average was 50%.

- 37 respondents (80%) stated that they had quality assurance mechanisms in place to monitor consistency and comparability.

- Quality assurance mechanisms were cited as: committees considering nursing and midwifery only (18 institutions (39%)); assessment boards for professional courses (27 institutions (59%)); recommendations from professional staff (23 institutions (50%)); approval by external examiners (26 institutions (57%)) and institutional tariffs (27 institutions (59%)).

- 18 institutions (39%) stated that quality assurance mechanisms included committees whose remit was to consider a range of courses. This may imply that courses other than nursing and midwifery are included across the HEI: the questionnaire did not ask for this information.

- Only 28% reported that market forces influenced credit judgements with 13% indicating this had happened in their own institution in respect of professional courses.

This information provides a picture of transition and a degree of uncertainty around credit systems. Questions relating to quality assurance had not permitted the researchers to identify whether these quality assurance mechanisms were common across the HEI or whether individuals outside of nursing and midwifery education played any part in them. The role of the external examiner in AP(E)L was interesting but could not be pursued here. If any of these quality assurance mechanisms were in place, considerable staff development would have been necessary in a short time. How and when this had been provided was followed up in the tracking exercise. The researchers were surprised at the low response in relation to market forces since networking had shown this to be a concern and potential credit inflation had been discussed informally with colleagues at conferences and meetings. It may have been social desirability which prevented more open responses particularly as it was an ENB project.

THE ENGLISH NATIONAL BOARD (ENB) NUMBERED AWARDS AND THE FRAMEWORK FOR CONTINUING PROFESSIONAL EDUCATION LEADING TO THE HIGHER AWARD.

- 35 institutions (77%) indicated that all ENB awards are credit-rated. 7 institutions (16%) are offering ENB awards that are validated by different HEIs.

- Only 25 institutions (53%) offer the Framework for Continuing Professional Education Leading to the Higher Award. Of those that did, only one had more than a 100 students indexed and only one had more than 20 who had graduated. However, at the time of this survey this learning opportunity had generally been validated for less than three years.

- Whilst almost all continuing education ENB nursing and midwifery awards were offered at undergraduate level, it is rare to find institutions offering these awards at level 1.

- A diversity of credit-ratings exists for individual ENB courses. For example, of the 19 institutions which provide the ENB 870 the range of credit-ratings is between 15-120 credits and was mostly at level 2.

- 34 institutions offer the ENB 997/8 with credit-ratings ranging between 10 - 72 credits. 11 institutions indicate that the ENB 997/8 has 20 credits at level 2.

- Most ENB 100 and ENB 931 courses are offered at level 2 but the volume of credit is very varied i.e. 30-120 credits and 15 - 80 respectively.

It is interesting to note that level 1 courses are virtually absent (only 1 institution offered them). The survey indicates that level 1 is used for APL from initial professional qualifications. The variability of credit-rating for the same ENB award (explained partly by the individual institution's development of professional awards within various academic frameworks) is a potential cause of difficulty. Students often did not understand why their certificates, when presented for APL, were regarded differently in other institutions. Similarly, those involved in making decisions on credit transfer could not rely on a national standard. They have to determine the level and volume of credit within their own experience. In turn these individual credit assessment activities have considerable resources implications.

AP(E)L PROCESSES, PROCEDURES AND PRACTICES

- 43 respondents (93%) indicate students are made aware of APL opportunities and 38 (83%) report that students are made aware of APEL opportunities.

- Written guidelines are a common means of disseminating information to students who apply for continuing education, 37 (80%) and 38 (83%) institutions distributing these in relation to APL and APEL respectively.

- Fees are charged by 24 (53%) respondent institutions for APL and 30 (68%) for APEL. At the time of the survey (March 1995) fees were between £25 and £150.

- It is common to give an early indication of the likely outcome of claims for both APL and APEL (35 institutions (76%) and 34 institutions (74%) respectively) and to provide students with written notification of the outcome of both APL (41 institutions (89%)) and APEL claims (36 institutions (78%)).

- 27 respondents (60%) indicated that those involved in making APL decisions would normally have knowledge of the subject areas covered by the certificates and 38 institutions (83%) state that they would have knowledge of the receiving programme of study.

- In 33 institutions (72%) the person making APL recommendations also has the power to make admission decisions but 32 respondents (70%) state that APL decisions could not be notified to the student until ratified by a committee.

- 32 institutions (70%) require those making APEL decisions to have subject knowledge in relation to the area of the claim and 40 (87%) indicate this person would have experience of assessing coursework covering similar learning submitted by non-APEL students. In addition, 29 institutions (63%) stipulate that this person must not have been involved in helping the student prepare her claim.

- The questionnaire asked how staff had been prepared for their roles. 39 respondents (85%) state that those making APL decisions received preparatory staff development and written guidelines are issued by 38 institutions (83%).

- 38 institutions (83%) indicate that staff who are involved in APEL decisions would receive preparatory staff development, and 36 (78%) issue written guidelines on assessing APEL claims. Formal training is provided for APEL assessors by 56% of institutions.

- 42 respondents (91%) indicate that APL decisions are based upon pre-determined criteria citing date of certificate, relevance to intended study programme including outcome comparison, and level and number of credits awarded by the providing institution as being important. 43 (93%) indicate students are required to present documentary evidence for APL.

- It is interesting to note that 35 (76%) indicate that the contribution of experience and other educational updates to the original learning achieved within the certificated course would be considered and that 8 (19%) indicate that a viva is required in addition to documentary evidence.

- 39 respondents (85%) indicate that APEL assessment decisions are normally based upon predetermined criteria, citing recency of learning, relevance to intended programme of study including outcome matching, evidence of innovative and developmental practice, and criteria similar to those used in marking non-APEL assessments as being important.

- 38 respondents (83%) indicate that students seeking APEL are advised to indicate the level and number of credits they sought.

- 34 respondents (74%) advise APEL students to match learning outcomes to those of validated modules.

- APEL students are required to submit a documentary record of achievement by 40 respondents (87%).

- Vivas, in addition to documentary evidence for APEL, are required in 15 institutions (30%) but only 5 respondents (11%) said that a viva could be chosen as an alternative to a written record.

- Only 15 institutions (33%) would permit the student to opt to sit the assessment normally undertaken at the end of a particular taught module to achieve the credits associated with it as an alternative APEL strategy.

These responses offer an indication of areas which could be explored in tracking. For example, in HE both APL and APEL are generally more clearly delineated and the place of experience and vivas would need further elaboration. Staff development was important, particularly regarding who had responsibility for this. Since students are usually required to state the level and volume of credit they sought and to write learning outcomes, the quality of written guidelines, one-to-one support or AP(E)L module provision were areas to be explored further.

ILLUSTRATIVE EXAMPLES

Respondents stated they would offer credit to both 'candidates': their initial pre-registration certificates would receive 120 level 1 credits. Their ENB 998 courses would be deemed level 2 but the volume of credit varied.

In the open section at the end of the questionnaire a wide range of comments were made including:

- *need a national tariff for APL (and sticking to it!);*
- *discouraging APEL and use APL more;*
- *APEL often a 'con' for students as they don't know how much credit they will get in advance; they often get nothing and it provides money for institutions;*
- *difficulty deciding appropriate evidence, reliable measures;*
- *central APEL approach as opposed to subject-based one;*
- *resource intensive;*
- expressions of general interest in the Project.

There are a variety of reasons given by respondents to explain incomplete questionnaires including appropriate respondents being unavailable, respondents could not view themselves as 'separate' from the HEI, i.e. they were well integrated or long established, the respondent was unclear as to what was meant within the question and respondents were just uncertain as to the answer.

SECTION 2: FINDINGS FROM TRACKING

Each of the 10 institutions visited revealed its own unique combination of characteristics which are presented in case study format (see Annexe H). The case studies represent triangulation of the six data sources (see chapter 3) giving composite and detailed institutional pictures regarding AP(E)L. These case studies represent a very wide range of differences which can be understood in many ways, for example the amount of APEL experience, the degree of support from the HEI and the nature of the programmes on offer. Comparisons can be made within and across institutions, although there are limits to the inferences that can be drawn, for instance how representative these views are within the respective HEIs.

It is also possible to set these findings in more than one context, for example professional and academic differences, acceptance of AP(E)L within an institution generally and within nursing and midwifery education specifically; the volume of AP(E)L activity and credit rating of the individual APEL accounts (see Annexe E). The researchers were grateful that staff were so open about their systems.

EMERGING THEMES AND ISSUES DERIVED FROM INSTITUTIONAL CASE STUDIES

It became apparent during the analysis that there were certain patterns of relationship and activity, common interests and characteristics, and shared foci. From these, the researchers identified fourteen emerging themes and issues. The themes below form part of each case study:

1. Roles and Functions
2. Language
3. Resource Implications
4. Parity and Quality Assurance
5. Relationships with Higher Education
6. Developmental Stage
7. Pockets of Knowledge and Expertise
8. Internal Consistency
9. Information Systems
10. Networking and Collaboration
11. Complexity of AP(E)L as an Area For Research
12. Characteristics of Students
13. Characteristics and Issues Relating to Receiving Awards
14. Other.

Presentation Of The Themes

On completion of the final composite analysis the researchers were able to focus on the inter-institutional issues such as the similarities and differences emerging from the responses to APEL Accounts A and B. A composite response to these accounts is provided in Annexe H. The researchers noted a degree of overlap and complementarity between the 14 themes. Seven major themes have emerged and are presented here; data from the other themes are subsumed within these major themes. The exception is Complexity of AP(E)L as an Area For Research which has been addressed in the methodology (see chapter 3). Cross reference is made to the sections within the major themes where possible and usually appears as (see 1: The AP(E)L Co-ordinator).

Major Themes Emerging From Cross-Institutional Analysis

1. Roles and Functions
2. Language
3. Resource Implications
4. Parity and Quality Assurance
5. Relationships with Higher Education
6. Information Systems
7. Inter-institutional Consistency

1. ROLES AND FUNCTIONS

The Multi-faceted Role Of The AP(E)L Co-ordinator

The role of the AP(E)L Co-ordinator is central vis-à-vis the quality of AP(E)L. It is a multi-faceted role in which the individual co-ordinates activities across a subject discipline, advises students, provides staff development, and is involved in the assessment of claims. In five institutions the nursing and midwifery AP(E)L Co-ordinator had been influential in directing AP(E)L within other areas of the HEI.

Where the Co-ordinator does not have sufficient seniority to be influential in determining current practices and future direction it was a difficult, under-resourced activity and the quality of the student experience was affected.

Those in this role are highly committed to the philosophy of AP(E)L and to ensuring that procedures and practices are as 'user-friendly' as possible, particularly as very complex frameworks exist. Their drive and enthusiasm was apparent even though they frequently had a very high workload and 'wear many hats' which can include course leadership responsibilities.

The Co-ordinators interviewed seem to be individuals who can tolerate uncertainty and are prepared to say that they themselves are learning from experience. They modify processes and practice as a result. They speak in terms of the 'natural justice' of AP(E)L and helping students to achieve their goals and a number of respondents have almost a crusading approach.

The Co-ordinator's power is apparent when it came to determining the quality of procedures, processes and staff development. Colleagues consider the Co-ordinator as the key point of reference and information in relation to AP(E)L and other credit issues.

The Co-ordinator in institution no. 1 had developed the AP(E)L procedures and documentation, determined the staff development strategy and implemented it, undertook initial interviews with applicants and chaired the AP(E)L panel. The Assessor respondent made regular mention during the interview to the Co-ordinator as a reference point and mentor.

Sometimes the Co-ordinator has almost single-handedly developed policy, documentation, processes and procedures. The systems that had emerged were sometimes complex and difficult for others to comprehend and colleagues needed considerable help from the Co-ordinator to work with them.

Preliminary Advice

The Co-ordinator was involved in giving preliminary advice to students which is in their view crucial. This early involvement could be likened to a 'filter' acting in either a facilitating or constraining capacity. This is influential in determining whether individual applicants eventually decided to bring forward a claim. Well-informed advice at this filter point saved time later as the potential claimant then understood what was required to pursue an AP(E)L claim. Students interviewed have faith in the motivation and honesty of the Co-ordinator's guidance, even when they knew that the Co-ordinator was new to AP(E)L.

Student Respondents:

> *... When I think about the whole process the thing that strikes me most is our relationship and how she helped and supported me ... her guidance was the main factor.*
>
> *Being one of the first students that did it wasn't helpful because we were learning and the college was learning at the same time. A lot of the time we didn't have the answer because they did not know.*
>
> *One of the frustrations was that the college weren't quite aware of exactly how it should be done either and in fairness it was new for them.*

The Co-ordinator is not just involved in superficial advice giving: she is frequently a confidence builder. It is necessary to instruct students in AP(E)L but also in the process of directed reflection before they are able to access their own knowledge and skills in a way that could be accredited. Students are sometimes directed more than it first appears and this is very time-consuming.

Co-ordinator Respondent:

> *I think of the great satisfaction that myself as a teacher and the candidates can get out of APEL in particular. You get someone like a very experienced health visitor who hasn't done a lot of courses and who says "I'm not worth very much"- this seems to be a stock-in phrase. You try to get over that it is nothing to do with professional worth, but academic credits. ... They may not use the terminology, but it is there. ... They may describe beautifully the management of change theory, but not realise what it is. Also, the confidence that people get through APEL, ... to see them ready to go on to level 3 is invaluable and satisfying and I would fight to keep that.*

In some cases, advice and guidance are shaped by what credit the students want or need for a programme of study. However, it is a dilemma as it is difficult for staff not to consider programming issues in the best interest of the individual student. Normally, programme planning is a separate process but with AP(E)L it may have to be taken into account as the student may be entitled to credit but not able to use it. This also relates to the structure of the programmes and regulatory frameworks (**see 5: Characteristics and Issues Relating to Receiving Awards**).

In the majority of the institutions visited it is apparent that the quality of AP(E)L is vulnerable should the Co-ordinator leave as most of the expertise is vested in them. The role certainly appears to represent good value for money from the institution's viewpoint.

Pockets Of Knowledge And Expertise

AP(E)L has sometimes been developed to meet the ENB's requirement for validation of the Framework for Continuing Professional Education leading to the Higher Award. On other occasions, AP(E)L stemmed from one person's interest and efforts in relation to student demand, this person often became or was the Co-ordinator. From this, knowledge and expertise have spread to a small but increasingly well informed and experienced group of staff. Other staff are not always keen to get involved or accept that AP(E)L is the concern of all. This is unfortunate since the quality of the student experience is influenced by their initial contact.

This is particularly important for those multi-site education providers **(see 6: Information Available to Users)**. Some institutions had ensured that there was a named person on each site with AP(E)L responsibilities whilst others had ensured a named person for subject disciplines.

The Adviser And The Assessor

The roles of adviser and assessor are separate. Both roles can be undertaken by the same person but in all institutions except one, the principle is that if one was involved in giving advice, one could not be the main assessor for that particular claim. This distinction is frequently problematic. For example, the person who is best placed to advise may also be the person who is best placed to make a judgement because of the specialist nature of the claim.

This differs from 'regular' assessment practice as the person who advises about assessment is usually the assessor. This tension between the distinct roles in AP(E)L has been addressed in some institutions by a rather elaborate system of checks and balances **(see 4: Decision-making, Internal Consistency)**. The principle that it should not be a single individual making the decision was adhered to.

This practice is best illustrated by institution no.2. The Adviser could interview a student in the presence of a 'subject expert' who could question, probe and provide advice at this early stage. This subject expert could then assess that same claim. Theoretically, the Adviser was not the same person as the Assessor but, in practice, there is a fine line between the two roles. This is further clouded by the fact that the subject expert is probably linked with the clinical setting in which the student works and could be approached by the student for on-the-spot advice.

Co-ordinator Respondents:

> *Because we are such a small team we have to be careful that students aren't hawking around to everyone and then there's nobody left to assess it.*
>
> *(Regarding the separate roles of adviser and assessor): I have difficulty with this ... sometimes there is only one person from that subject area who can help someone do the claim ... realistically it is not possible when you have so many claims coming through in so many highly specialised areas.*

The Assessor is likely to have had some form of staff development, but this was sometimes 'on the job' using an apprenticeship model rather than a formal systematic institutionalised process. New AP(E)L assessors are very dependent on the knowledge and expertise of nursing and midwifery colleagues and, in particular, the Co-ordinator. They have little or no contact with AP(E)L claims or systems across the rest of the HEI. Although not specifically asked during the interview, the researchers surmised that most, if not all, of these assessors had never seen an APEL claim outside of nursing and midwifery. This may be because in many of the HEIs the majority of claims are from the nursing and midwifery field.

Assessor Respondent:

> *I have not done a course, but because I have been involved from the beginning I have learned with everyone else as we have gone along. I read. The best preparation has been actually doing it. In some ways, it might have been good to have some initial workshops but we didn't..*

The Students

Nine students were interviewed. All were nurses and midwives with several years' professional experience and were amongst the first to benefit from AP(E)L. They had all completed the AP(E)L process at the point of registration for their academic award. It was difficult to know whether they are representative of those who followed and if their experience is influenced positively or negatively by the newness of AP(E)L. They might have had more support and direction because of the newness and the relatively small student numbers.

These students are in part-time or full-time employment. Some had been given information by their own managers which led them to pursue claims. One student had been told that her manager would support her both financially and allow time-off for study if she pursued a management award but not if she undertook the ENB Framework for Continuing Professional Education leading to the Higher Award. Therefore, she was self-financing having decided to follow her own career aspirations and not those of her manager.

Preliminary Advice

Six students emphasised how difficult it had been to find out about AP(E)L. They suggest that it should be made more widely known. In the main, students experience difficulties up to the point of contact with a named person, such as the Co-ordinator. This means that the student's attitude to and knowledge and use of AP(E)L would be strongly influenced by this contact. Students who did not have access to a knowledgeable person were disadvantaged.

Student Respondent:

> *.....I found that I had to pin somebody down ... We had to seek the information out a lot.*
>
> *Exceptionally, one student had not only found out about AP(E)L, developed her claim from materials already contained within her up-to-date professional portfolio, and attended night-school sessions to increase her credit volume, but had also arranged for the Co-ordinator to talk to other staff about AP(E)L.*

Ambivalence Of Worth

The majority of students share certain characteristics such as tenacity, determination and self-direction. Most students speak of a lack of confidence in relation to their ability to develop a claim and achieve credit as a result. However, at the same time, they feel that they have a right to the credit since their knowledge and skills are worthy of recognition. There is a feeling of uncertainty about the future of any nurse who did not have an academic qualification and some degree of misunderstanding about the nature of the Dip HE Nursing - Project 2000.

Student Respondents:

> *I always feel that people are far more advanced than I am. It often comes as a big surprise sometimes when I realise the things I have done can be credited for.*
>
> *The only thing that worries me is how we can get through to the nurses that what they are doing can be credited for ... There is a great deal of competition in nursing and everybody wants to get on and get promoted and yet they are not using their full potential of learning.*

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Students' Experiences Of Preparing Their AP(E)L Evidence

Reference is made to the amount of hard work involved in developing claims and a pervading sense of ambivalence. They achieved the credit that was due to them and they felt that 'you have to earn it' rather than be given it.

Students feel that they had been treated fairly and AP(E)L had been beneficial, but they did think it was a difficult process and queried whether they should have gone through this in order to get what they deserved (**see 4: A Higher Standard for APEL**).

Student Respondents:

> *A lot of work but rewarding in the end. I had achieved something I thought I wouldn't be able to achieve when I started.*
>
> *It's not any easy option. I went into it not realising how much work was really involved.*

Student Respondent:

> *(referring to help given by AP(E)L Co-ordinator) She was very helpful. She told us from the beginning she was sure we could do it. When we came with the first draft and it was wrong, she told us where we'd gone wrong and why. We were discouraged and she told us we could do it and said "go away and think about what I said". She'd write down where we had gone wrong so we could look back on what she actually wanted. She continually advised. ... once we'd cracked the first section and we knew what they wanted, the other three sections followed on.*

One student said that she knew the Co-ordinator would tell her if she was wasting her time. She had known the Co-ordinator for some time since the education centre was on the same hospital site where she worked.

Another student found the help to develop her claim inadequate. This student defended this by saying that they were all learning together. The fact that she had subsequently discovered inequality and need not have paid for part of the process did not deter her from this judgement. This kind of loyalty may be characteristic of the professional group or of the generation of qualified nurses and midwives represented within this sample. The student who had been most dissatisfied with her experiences had still talked about the Co-ordinator 'doing her best' in difficult circumstances.

None of the AP(E)L claims from the students interviewed had been rejected. The researchers are aware that had they sought to interview a student whose claim had been rejected the comments might have been different.

Students made comparisons between the way in which nursing and midwifery education had changed and the AP(E)L process. Examples were given of how nursing students today are required to be more independent and self-directed than during earlier pre-registration programmes. AP(E)L is actually felt to have been a good precursor to other elements within the academic award.

Most students interviewed knew how much credit they had been awarded for prior learning and had some understanding of the principles behind AP(E)L. There appears to be a point at which an 'act-of-faith' came into play in respect of exactly how the level and volume of credit was determined. They generally knew that there had been more than one person involved in making that decision.

Students:

> *(when asked if she knew how much credit she was awarded) I have no idea - we were just told we'd got a place on the degree course which we knew was two years. We presumed we had the 120 level 2 credits so that we only needed the 120 at level 3.*
>
> *(Another student explaining why she came to this college and not another where her colleague had gone). They are not doing degree courses, they are doing the pathway - Higher Award. ... Their portfolios were more generalised and personal. ... Mine is more specific to educational learning. They put their portfolios to the ENB to prove what they had done. It didn't go into detail but they got credit for that ... I didn't want to go onto the Higher Award - I wanted to do a named degree at a university.*

Distinct AP(E)L roles and functions emerged across the HEIs. Co-ordinators were central to the way AP(E)L had developed and they functioned in a similar capacity across the HEIs. Their role spans admissions, programme planning and assessment and although this is a specialised role it did not seem to be recognised by the HEI, or locally, as a separate academic function. The adviser's role was very important in encouraging students to claim AP(E)L. These roles were resource intensive and this needs to be recognised and addressed (**see 3: Initial Contact with Prospective Students, Support in Developing a Claim, Workload**).

2. LANGUAGE

At one level a common language is evident among all the staff interviewed. This is explained by their shared understanding of professional education and practice and educational theory. For example, the term 'reflecting on practice' seemed to be widely understood although it is quite likely to have a subtly different meaning from regular academic interpretation. However, little distinction is made between 'reflecting on learning' and 'reflecting on practice'. The researchers found that it appeared axiomatic that students can only have learned if there is a direct outcome in practice. This assumes that the individual is or can be completely autonomous in the practice setting.

Student Respondent:

> *Now I am used to it but, looking back, it was very different especially the reflection ... but I didn't expect the reflective aspect on the practice. But I came from a traditional nursing training where we didn't look at that. Probably it was good preparation for work to come but harder to do it at the time when I was working full-time.*

Students use reflection to elicit their knowledge and skills to develop a claim and build a portfolio. It is also used as an assessment tool itself particularly with regard to practice. Distinctions are not always explicit between the different usages.

The researchers recognise the debate around reflection in the profession and that different models of reflection are adopted, but there is considerable consensus about the importance of reflective practice. However, in HE the expected outcome would be the learning that is *derived* from practice (see below).

Levels, Experience And Learning From Practice

Actual and potential confusion in the use of language occurs where different meanings were ascribed to the same terms, depending on whether it is in an academic or professional context. For example, a first level nurse as opposed to a second level nurse, is determined by the particular part of the professional register on which the nurse is registered whereas level 1 is a recognised academic term denoting preliminary knowledge and skills within an undergraduate programme.

This is particularly likely to confuse nursing and midwifery students and educationalists with a non-nursing or midwifery background. This confusion is compounded by the norm of ascribing academic level 1 credits to APL from pre-registration awards e.g. RGN, RM. Institutional level descriptors are very much related to practice, for example three institutions' level descriptors are provided below.

- **Level 1**

  Institution No.1 Current registration; current practice and evidence of recent learning.

Institution No. 3. Acquiring and understanding knowledge, skills and attitudes supporting professional practice and applying these to professional practice.

Institution No.4. The ability to search literature and use IT skills; review practice and consideration of the impact of communication.

- **Level 2**

  Institution No. 1: Reasonable understanding of professional and academic issues; some awareness of current research and ability to apply it to practice.

  Institution No. 3. Ability to critically analyse, select and use knowledge; and to problem solve.

  Institution No. 4. Evaluation and application of knowledge gained from literature; construction of questionnaire and quiz and analysis of individual components making up the presentation.

- **Level 3**

  Institution No. 1: Extra degree of autonomy; management of change; self-direction in practice and learning.

  Institution No. 3. Ability to select, assess and use appropriate knowledge and skills to inform practice; use of creativity in a variety of settings.

  Institution No. 4: Skills of self-reflection; decision-making; ability to set in context; and addressing own value systems.

In this confusion of terms, there is a potential danger of developing some sort of professional credit which would fragment nursing and midwifery from mainstream HE. This credit could not be easily transferred. It could undermine progress towards academic recognition that nursing and midwifery has striven to achieve. There is also a tension within nursing and midwifery education to try and make the 'academic model' fit. These differences not only make credit systems and processes more difficult to understand but also may inhibit students from applying and being able to transfer credit.

The word 'experience' is also used differently. Traditionally, this has meant the length of time since qualification, postholder status and the amount of specialities undertaken. Although not entirely exclusive, it is quite different to identifying particular learning from experience. This may be why many applicants find it difficult to identify and articulate their learning. In other words, it is not the length of experience that is credit-worthy but the learning that has resulted from that experience.

Professional experience is sometimes interpreted fairly rigidly. Unwritten criteria included consideration of the 'level of practice' and it is assumed that academic levels are being referred to here but, if so, it is not clear whether they are being ascribed to skills and knowledge. Although not explicitly stated as a criterion, in one institution the practitioner's grade (job description aligned with a national pay scale) can be recognised as one of the indicators contributing to the decision.

Findings from the national survey suggest that one of the criteria involved in making decisions about APEL is evidence of innovative and developmental practice. This is corroborated by responses to APEL accounts A and B which are discussed later **(see 7: Responses to APEL Accounts)**. Further complexities arise in APEL decision-making about what is either learned *in* practice and/or *from* practice or what is being *done* in practice and/or how practitioners have *changed* their own practice or *caused* practice more generally to be changed. Usually, the latter two areas are highly regarded in the profession **(see 4: Decision-Making)**. This may be more to do with professionalisation than experiential learning. Therefore, it seems that some forms of experiential learning are more valued than others. Students who claim that they have made such changes resulting from experiential learning are rated more highly than those that did not. It appears that practice results are proof of learning. These distinctions are generally not made explicit.

Co-ordinator Respondent:

> *(with reference to APEL account A)*
> *........We try to make our assessments in practice - people have to relate them to practice. Therefore if this could equate to an assessment of applying theory to practice I would put about level 3 on that.*

Developed Meanings

In many instances language and terminology appear straightforward but on closer inspection a whole range of 'developed' meanings had occurred around the breadth of AP(E)L definitions. These 'developed' meanings relate directly to programme structures or a wider interpretation of accepted definitions and the application of these terms to professional programmes.

On the whole, these differences do not amount to totally separate definitions of common terms, but, if generalised and applied, have considerable implications across HE. It is not obvious to the researchers whether staff were conscious of these differences or their implications.

It may be that a pragmatic approach was adopted to implement AP(E)L. For example, staff use level descriptors from another HEI whilst being unsure what their own HEI's descriptors are.

In another institution, the researcher thought that the respondent was adhering to the definitions agreed within the research interview, i.e. APL = certificated learning and APEL = experiential learning. However, although the interview had started in this way the respondent had fallen back upon the institution's own terminology, i.e. APL = both certificated and experiential learning.

Terminology with 'developed' meanings include, most frequently, APL, APEL, general and specific credit, levels, access and advanced standing. APL often meant AP(E)L as defined within this Project. However, occasionally these 'developed' meanings would be unrecognisable to HE generally. For example, access in nursing and midwifery degree programmes often meant students joining programmes at level 2 or 3 having received credit at levels 1 or 2 via AP(E)L. Access level in academic terms is generally understood as being pre-level 1.

Documentation from one institution refers to AP(E)L being used to gain access to a programme. The example given is where the student does not have sufficient pre-requisite credit at level 2 to enter a level 3 degree course.

Two institutions used the acronym APL to refer to both certificated and experiential learning and includes APLA (Accreditation of Prior Learning Achievement) relating to certificated learning and APEL to experiential learning.

Staff are motivated to implement AP(E)L and this anxiety to 'get it right' may well contribute to these developed meanings in AP(E)L. For some there is a perception that staff had to be 'more scrupulous' regarding AP(E)L within their HEI. This is to ensure standards are upheld and to ward off possible criticism.

In one institution where different sorts of general and specific credit were defined there did not seem to be any particular benefit for the students although it was perceived by staff as special and rigorous.

3. RESOURCE IMPLICATIONS

AP(E)L is an expensive activity in nursing and midwifery. The full complexity of AP(E)L and its resource implications may not have been fully grasped by HE, the ENB, purchasers of professional education, employers or the students. No detailed work has been carried out on the resource implications of AP(E)L. Staff involved perceive it as time-consuming but worthwhile. There is a difficulty in making the distinction between the relative and absolute costs to HE.

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In institution no. 2 under-resourcing was particularly noticeable despite the fact that the Co-ordinator had made representation to senior education managers. The result of this was that APEL was less widely advertised and various less formal approaches had been adopted as a way of recognising experiential learning. This made 'policing' the system extremely difficult.

Initial Contact With Prospective Students

In most nursing and midwifery areas, a great deal of time and effort has gone into advertising AP(E)L and raising awareness through workshops and one-to-one meetings. Students require considerable support to understand the systems and know what they should develop in the way of evidence.

Even where charges are made for APEL, blurring between APL and APEL means that, where APL carries a very low or nil charge to the student, this time is never costed. This has been thought of as a 'loss leader' since this early contact is free of charge. Use of a rolling programme of workshops has attempted to make better use of resources. These workshops can take between two - six hours and where they occur prior to commencing the AP(E)L process no fee is charged. One institution appointed an administrator who is employed to manage the system and act as a filter. The research found that at times she ventures beyond the AP(E)L limits of the role and is drawn into giving career advice.

Support In Developing A Claim

Statements of entitlement to support time are sometimes included in AP(E)L literature, particularly in respect of APEL; some students took more and others took less. Other institutions have no statement of entitlement to support: this is the equivalent of not having a service level agreement. This leaves them open to accusations of process failure if a student felt insufficiently supported. The researchers did not find any students who had appealed on these, or any other, grounds at the time of interviews. It also means that the student might gain a false impression of sub-degree and degree level work if she is receiving more help in the early stages than she would be likely to get subsequently. There is a temptation to give more help where a student is new to HE.

Student Respondent:

> *(regarding the amount of help available from her adviser)*
> *.. Very good.. As I did the work I took it to her at every stage.. there was a written summary of every meeting we had ... most of it was through discussion.*

Workload

Staff involved in AP(E)L are in effect carrying an invisible and additional workload. AP(E)L demand fluctuates and enquiries were opportunistic and usually very time-consuming. None of this has been costed into the process nor recognised in the individual's contact hours. In one institution where AP(E)L has been under-resourced, very little staff development had taken place and this had created a vicious circle in that the Co-ordinator could not cope with the potential volume of work because there was very little help.

Staff are expected to find time to support students in developing their claims and to assess them. Remission from other activities is not a prominent feature of AP(E)L strategies. The notion that AP(E)L is just another form of assessment, and time spent in assessing an APEL claim is time saved in teaching and assessing later, is something that is not proven.

Adviser Respondent:

> *...there's a lot more potential contact with students. I try to keep to the 6 hours with APEL students.*

APL

Accreditation of certificated learning is often a more complex activity than might at first appear. This is, in part, due to the variations between the same professional awards presented by students. Tariffs are used with caution for this reason although it is easier where the majority of APL claimants had undertaken most of their prior education within that same institution. In many cases, Co-ordinators spend a great deal of time tracking down credit information about certificated learning. In no institution is it simply a case of 'look it up on a list and award it'. There is always a process of confirmation of both the certificate and the learning **(see 4: Decision-making)**.

APEL Resources and AP(E)L Systems

'Pure' experiential learning claims are far less frequent than those for APL or APL supported by experiential learning. The processes involved in confirming accreditation tend to resemble those of non-APEL assessments: that is, first marker, second marker, panel and final ratification by examination board, often with many other stages in between. However, scrutiny of APEL is more rigorous than other forms of assessment and this added a further cost element, for example where a viva is used in addition to other methods.

In one institution, under-resourcing of the AP(E)L system had led to students not being actively encouraged to make APEL claims because staff knew that they could not adequately support the student. When asked for the name of a student who had made an APEL claim without any prior supporting certification, the Co-ordinator was unable to provide one.

Development time is spent in attempting to tailor-make the system to the needs of students and the demands of the institution which are constantly revised. In some institutions the systems are very complex and involved many academic

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staff, particularly with a high level of individual student support. Alongside this, the staff development costs and the amount of documentation involved means that AP(E)L is time-consuming and expensive for the institution (**see 6: Proliferation of Documentaion**). This is not recovered from the students.

One institution commented that they charge a very low fee because they themselves are still learning and it was not fair to charge any more at this point. It also means that for those students with a choice of HE provider the student may consider the charges and complexity of AP(E)L as criteria for selecting an HEI.

The Price Of AP(E)L

The *cost* of AP(E)L is very different from the *charge* for AP(E)L. Fees were either non-existent or, where they are charged, as low as £50 for a 240 credit claim. Two institutions charge by the credit but, in the majority of cases, this still did not equal the course or module fees had the student been required to undertake them. In one institution, a small claim could be more expensive than undertaking the module but this was pointed out, in writing, to potential claimants.

This might have an impact upon the number of credits that a student attempts to claim in order to make her claim financially worthwhile. One institution has an administrative charge plus a complex way of charging by credit, depending upon the level as well as volume of credit and including a sliding scale of charges. Where an institution is using an AP(E)L module, they are able to recoup some of the costs of student support but this did not equate to regular taught modules.

In one institution there are different charges depending on whether applicants are covered by trust contracts - AP(E)L was free to trust employees; additionally, a charge is also made where APL credit had been gained at another institution.

Students are generally not aware of what good value for money AP(E)L is: they seem unaware that they could have paid less than the cost of a single module in order to achieve up to two thirds of the credit for their award. In one sense institutions offering AP(E)L may lose income twice: first, through the expense of AP(E)L itself and second, through the lack of income from module fees where students are exempt. In contrast, HEIs refusing to offer AP(E)L will be better off than those that do not. Although it could be argued that AP(E)L is beneficial in attracting students and ensuring a faster throughput, the evidence is not there to support this.

Co-ordinator Respondents:

> *Some schools charge £200 for 10 credits, but these are schools where the students are working in industry and the employer will pay ... If we did that we'd lose students. Market forces*

> *come into play. Even if students are not paying for themselves their trusts won't pay that sort of money ... I know we lose money on it. But while we are still learning and developing we may not be very efficient so we can't charge more till we get our act together. It's a kind of loss leader - it means we get a student.*
>
> *Some other schools have a sliding scale - three for the price of two. I have problems with that because it encourages students to make too big a claim.*
>
> *At present we are looking at recouping the salary of one full-time AP(E)L adviser across the school.*

AP(E)L And Contracts

Only one institution appears to consider the impact of AP(E)L on their contracts with trusts and how, unless AP(E)L is appropriately charged, they would not be able to maintain their income. Informed employers will be keen to use AP(E)L as a means of gaining a qualified workforce without incurring the expense of replacement costs and course fees. Employers might base their choice of education provider upon AP(E)L. It is important that education purchasers and HE understand the real costs and benefits of AP(E)L and take this into account in the contracting process.

Co-ordinator Respondent:

> *..... if a student comes to do a Master's degree they are really only getting support (from employers) if they make some sort of APL claim to 'get it done as quickly as you can'.*

Where a student is sponsored by her employer for study time and course fees it might not always be in the student's best interest to make an AP(E)L claim. The student could improve their overall marks and subsequent classification if registered for an honours degree by repeating prior learning. In one institution there was a suggestion that one or two of those involved in advising students were making this clear as an option since they felt it was an honest approach.

4. PARITY AND QUALITY ASSURANCE

It is clear that the philosophy of AP(E)L is supported widely and staff are conscientiously using it locally. Each institution, where AP(E)L is established, demonstrated coherence and consistency in their processes. The stages in the AP(E)L process are logically arranged according to the internal rationale. Some institutions' processes are more developed than others whilst some just appeared more complex.

Most AP(E)L processes are lengthy and appeared very thorough. The systems reflect that of traditional non-APEL assessments. Criteria for recommending a claim are generally well articulated by assessors. These were corroborated during the interview with the Co-ordinator and by those better informed students, and in the completed questionnaires. There is always an opportunity for someone to challenge the decision and assessors felt confident that they could account for their decisions if challenged.

Despite having, on the whole, clearly worked-out systems, discrepancies existed between the explanation of processes in practice and those in the written documentation. This difference is likely to reflect rapid development **(see 6: Proliferation of Documentation)**. There is also a tension between developing a bureaucracy which limits development and devising a 'constructed' quality assurance system.

Central HEI Supervision And Guidance

Frequently AP(E)L practice is decentralised, although documentation may indicate central HEI supervision. Where this appears to be the case it is difficult to determine just how active it is. Overall there is little direct evidence of institutional monitoring **(see 5: Monitoring and Moving On)**.

Research, audit and other quality assurance strategies have been instituted by most AP(E)L Co-ordinators. This quality assurance is carried out locally by the nursing and midwifery staff to test their own practice. All nursing and midwifery staff keep records and some are available to the HEI centre but not required. The purpose is mainly to ensure parity in decision-making and ensure the procedures are working. In many cases staff go to great lengths to agree criteria and ensure that all AP(E)L applicants undergo the same process.

Staff with greater expertise act as mentors to others. It is evident that staff themselves are learning by experiential learning, although they remain isolated from the rest of HE. On occasion, staff involved in making recommendations are senior rather than expert in AP(E)L. This probably reflects a hierarchical approach which may persist in nursing and midwifery education following integration. Where central HEI involvement is minimal and AP(E)L Co-ordinators did not have sufficient time or authority to 'police' the system or develop staff, reliability and parity cannot be assured.

Developing AP(E)L Systems

The Co-ordinator is highly instrumental in devising and shaping the systems. The pattern of AP(E)L developments represents the whole spectrum from sophisticated well tested systems, complex and struggling ones to simple but untested systems. New AP(E)L systems often operate rigidly which is important to enable control to be exercised in many instances; for example credit can only be gained prior to, or on commencement of a study programme.

At first, simple structures and processes are useful in building expertise, confidence and ensuring that the system will work. This is particularly important where there is little expertise in AP(E)L. Where APEL is new, few staff have sufficient experience to make judgements without corroboration.

Institution no. 5 had a centrally produced student handbook which acknowledged the AP(E)L contribution of the nursing and midwifery AP(E)L Co-ordinator.

Co-ordinator Respondent:

> *Like a lot of new things, we are very anxious that we maintain quality standards - maybe we are over cautious. ... keep being over-cautious until we are confident.*

This tension is being addressed in some institutions by a rather elaborate system of checks and balances involving something comparable to first marking, second marking (and possibly third opinion), internal first moderating, second internal/external moderating, and final ratification. Systems were devised to ensure that the roles of adviser and assessor were separate. This is intended to rule out bias and maintain rigour. This ignores the fact that those who normally teach a module would also normally advise a student on their assessment, consider a draft, and then mark the final assessment. Whereas only a sample of 'regular' assessed work may be scrutinised by others, it was the case that all recommendations in respect of APEL claims are seen by others prior to a decision being made. Established AP(E)L systems tend to be complex and comprehensive. Some systems operate flexibly to accommodate students but this is resource-intensive.

Institution no. 4 had a comprehensive CATS handbook, systematic staff development and a clear transcript designed for nursing and midwifery students. which began at the point of AP(E)L and followed the student through to completion of their academic award. All were developed by the nursing and midwifery staff.

Institution no. 2 had a more complex process in the beginning but had been able to streamline as confidence grew.

In institution no. 2, although documented as a relatively straightforward system with in-built quality assurance safeguards, there were a number of ambiguities and contradictions and it was difficult to see, particularly without advice and clarification how, in practice, the system operated.

Informal indications of the likely outcome of a claim are often given but whilst this helps a student determine whether or not to undertake the work involved it potentially leaves the institution open to appeals if the final outcome is different. However, in this Project none of the respondents have experienced AP(E)L appeals.

Some institutions have developed APEL modules; it appears that the introduction of a 'central' module (central to nursing and midwifery rather than the HEI as a whole) served several functions. It permits standardised practice locally and can be monitored more easily centrally. It is also an attempt to cope with demand and maximise resources. Nursing and midwifery educationalists are able to use these sorts of developments to spread the word within the HEI about AP(E)L and have their own good practice recognised. None of the students interviewed had used an APEL module.

In one institution (no.6), students making an APEL claim could meet as a group on five occasions. This activity was well received by students who commented on the value of peer support and discussion. In another institution (no. 4), the AP(E)L module was itself credit-bearing but was closely akin to more general portfolio development which could be used by students seeking access to or exemption from parts of a course or modules within the education programme. The module appeared to be more geared towards students achieving an understanding of where they might have learning which could develop into an APEL claim resulting in exemption.

Modification Of AP(E)L Systems

Local evaluation and modifications take place in order to streamline processes, develop comprehensive written material for staff and students and central APEL modules. There is a potential danger of over-development as modifications seem to be determined locally (**see 2: Developed Meanings**). Although many changes are operational rather than policy issues AP(E)L practice has driven policy. Rapid response to perceived needs is a cultural norm within professional education and is not mirrored by accepted academic processes. Where tensions have occurred it *may be* due to the perception of the nursing and midwifery department that they are ahead of the centre and there is a sense of being restrained.

Institution no.1: staff within the nursing and midwifery education department, rather than the HEI as a whole, discuss AP(E)L issues as they arise and decide how things should be modified in the light of experience.

Co-ordinator Respondent:

> *... the one thing I have learned is that it is continually evolving. Just when you think you've got to grips with it something else comes up.*

Student Respondent:

> *... goal posts (kept) moving...*

As institutions, and particularly Co-ordinators, became more familiar with and confident in HE and AP(E)L they appeared to be willing to reduce some of the complexity and take more 'risks'. This seemed to have something to do with the ability to account for decisions if challenged based on experience over time. It seemed that many Co-ordinators are making the journey from 'novice to expert' and taking their institutions with them. For some, no further developments are being made as there are so many other developments taking place, which impact upon AP(E)L or where the workload of the Co-ordinator is very high.

Rigour Of AP(E)L Systems

Nursing and midwifery AP(E)L staff feel they have to set and maintain high standards and more than justify their practice to the HEI. Where systems are rather complex or demanding, staff feel that this was an indicator of rigour and are not apologetic. This seems to be due to internal and external pressures within the department, faculty, HEI, employers, or other HEIs and even the profession as a whole. In one particular case the use of vivas provides reassurance for the assessors that they are rigorous. However, it is difficult to establish exactly how the AP(E)L processes themselves relate to quality in terms of outcomes for students.

These outcomes would include the numbers that withdrew from AP(E)L as well as those who completed their applications. Interestingly, the use of vivas may reflect the difficulty facing professional educationalists where different professional practice and academic criteria are used. For instance, professional lecturers may be conscious of professional accountability issues for themselves and students where credit is sought.

Co-ordinator Respondents:

> *I get a lot of stick for hanging onto the rigour of it - I get told it's too rigorous and complicated.*
>
> *When you have something developing fast, quality is an important issue ... in fact, we have been accused of being over-rigorous.*
>
> *Gradually, we've now acknowledged that health care and nursing is an academic discipline as well as a practice discipline ... The danger with AP(E)L is that we have to make sure we're not cutting corners or letting people through the back door. There's a difference between widening the entry gate and letting people through the back door. We have to be very careful that we don't end up being perceived as doing that. That would undo all the good work we've done over the years getting nursing acknowledged as academic.*
>
> *The other problem is consistency ... We may recognise that the student jumped through a lot of hoops for that but the institution up the road may be less rigorous.*

> *(In respect of developing systems in relative isolation - this institution was not a SEEC member) Some people felt we were too rigorous. It turns out that we have been doing what is recommended by the SEEC Code of Practice for AP(E)L. Quite senior people in the school felt it was cumbersome ... cannot give people credit just for experience - it has to be valid and reliable.*

Decision-Making And The Nature Of Evidence

Assessors are consistent in using the criteria shown in the questionnaire although intuition appears significant but it is not explicitly acknowledged in the process. Intuition is an important element of AP(E)L whether in the initial consultation or examining work. For example, staff use their intuition to elicit from students their experiences. This is an important aspect of guidance where a student may not feel confident about their learning. Similarly, staff on reading the APEL accounts A and B discerned potential credit areas and were able to get a 'feel' for the level and potential of the student.

Intuitive judgement is based on knowledge and experience but is difficult to articulate. This is not necessarily anything different from other tutorial approaches in assessed work. This intuitive approach co-exists alongside pre-set criteria. It is possible to ignore the criteria or use them to confirm a decision rather than make a decision.

Portfolios were the most frequently cited method of assessing APEL. Processed portfolios were returned to students. The national survey found that only 20% of institutions awarded a mark for APEL. Criteria for assessment decisions are made clear in some documents. Staff clearly recognise the value of involving colleagues in decision-making and did this throughout the process. There is a very clear benefit in scrutiny of nursing and midwifery claims through local well-informed panels who have intimate knowledge of the modules and awards in question.

This stimulated the growth of AP(E)L expertise, ensuring maintenance of standards and adding to the richness of decision-making. Professional judgement is exercised in the AP(E)L process although identifying the actual basis for the *first* decision is difficult to determine. APL seem to be the area where most staff and students feel most confident about decisions. This may be due to the written or unwritten tariffs or bench-marks which have evolved and are generally accepted and the greater ease of applying criteria to defined areas, for example, learning time.

Much depended upon when and where the certificate is gained and what artefactual evidence the student could present. For example, whilst one institution requires the certificate holder, in addition to presenting the certificate, to re-present assessed work from the course which is then considered in relation to the standard of the receiving institution, another institution requires submission of additional written work, and yet another requires her to sit the receiving institution's assessment leading to similar certification to be undertaken. In one institution, a viva is used as an alternative to the written word but this is in support of certificated learning.

The researchers were surprised to discover that students who are cited as having made APEL claims and developed portfolios of evidence had sometimes done so solely in support of certificated learning. These portfolios varied between elaborate form-filling exercises to ring-binders providing a number of essays. The decision-making process could then involve the equivalent of a first and second marking process with final ratification at a panel. Where external examiners are used, their role is not always clear.

Credit decisions appear to be made on the basis of something between APL and APEL, i.e. a combination of the two (**see 2: Developed Meanings**). It is not recognised in any overt way but is evident in discussions about decisions for certificated learning, in the materials put forward for assessment by students and in completed questionnaires. It seems that a 'cumulative' mix of past formal learning with practice application and current work-based (experiential) learning is considered as one package (**see 2: Levels, Experience and Learning from Practice**).

In order for their certification to count, students had to demonstrate that their learning was 'live' and up-to-date in practice. This was especially true for courses taken longer than five years ago. This is distinct from clarifying what the programmes contained for an APL claim.

This is, in part, due to the fact that many ENB awards which the majority of students had completed were not expected to be formally assessed (although many included assessments) and were described as 'statement of attendance'. At that time they would not have been within an academic framework but would have reflected a national standard.

In institution no. 3, students who completed a course within the last five years are required to supply examples of assessed materials and testimony from a manager regarding their application of outcomes to current practice. They are told that whilst they do not have to provide evidence of how they have maintained learning, if they feel it would strengthen their claim to show what they have undertaken and learned in practice since completing the course, they should do so.

This 'in between' concept of AP(E)L could be quite confusing to students when trying to decide how to proceed with a claim. This is because it is not transparent in the processes. However the concept of 'keeping up-to-date with practice' is a cultural norm and well recognised in the profession - if not always practised. It also has implications for charging students, and the potential exists for a practitioner presenting with an ENB 998 with experience and/or development in practice to accrue more credit than just the ENB 998 award alone. The possibility of really portable credit could be weakened if this practice becomes rooted as there may be a reluctance to accept any credit at 'face value'. It may also weaken the acceptance of APEL.

In one institution the researcher tried four different ways of trying to understand how the respondent came to a particular decision on the number of credits that would be awarded in respect of the fictitious account of Nurse A. This frustration in attempting to enter into the world of another is illustrated by the respondent's final words - "I don't really know - I don't see where you are coming from". The interview was in danger of deteriorating into an interrogation and so this line of questioning was dropped.

It seems it is rare for students on professional programmes to put forward learning gained from experiences that is not 'professionally derived'. Although in one institution, in order to gain a true picture of the richness of their learning, students were specifically asked to reflect upon:

'paid employment; education; voluntary work; home and family; and travel'

It is possible that bias could affect decision-making where AP(E)L applicants are more visible and less anonymous compared with regular HE students on large modular programmes. This may be more likely to occur where students have already taken one or more courses in that institution, smaller departments exist or geographical mobility is limited.

Student Respondent:

> *I also used X (a named member of staff) not because I thought it would bias the result but she knew me from a previous course and knew the standard I worked at.*

All of these devices used are to ensure standards are met but they are highly resource-intensive and hidden to a great extent from colleagues not directly involved in AP(E)L and the HEI (**see 3: Workload**).

A Higher Standard For APEL

Scrutiny of APEL in particular is more rigorous than other forms of assessment although it is frequently said that "APEL should be no more nor less rigorous than any other form of assessment". The nature of evidence required for APEL includes having statements made by the applicant supported by others, usually the employer. This appears contradictory as APEL (and in all other areas of professional education) expects students to be self-directed, reflective and honest. This can be complicated by the fact that employers are often paying for the student's programme. Employers may have a more strategic approach in the provision of evidence - this is not new. There are difficulties if the employer does not comply. There is more of a dilemma in professional education where traditionally the employer, as much as the student, is the customer.

Co-ordinator Respondents

> *... treading a line in that one must not "give away credit" nor must one make the process so difficult that it is impossible for students to gain credits.*

> *.. but at the moment it is extremely clumsy. It is so long winded - so many hoops to jump through. Students often say they'd rather do the module - it's not worth it. It's a shame - we offer them so much then put so many hurdles in front of them. Perhaps that's necessary when it's new to make sure we get it right.*

Student Respondent:

> *For the assignments for the modules you have a set number of words and guidelines about the essay. Because it (APEL) was less structured I felt I was doing a lot more to cover the learning outcomes ... that's one of the reasons I decided to take the other course rather than APEL because I felt it would have taken a lot more work to get those 10 credits than actually doing another course.*

Most taught modules are outcome-based and modules seen during tracking were predominantly content focused. Students undertaking the usual assessment would not always be required to fulfil all the module outcomes. This contrasts with APEL where students are required to address all the module's learning outcomes. For APEL these outcomes are frequently cited as criteria although it is not clear if this is also true for all regular module assessments. In many cases there does seems to be a discrepancy in what is reputed to be the assessment criteria and the actual factors used to make decisions, like the application to practice discussed earlier.

The expectation to meet all the learning outcomes did not seem to alter with the assessment method used. If a student chose to present a portfolio of evidence or undertake the module's assessment they would still be required to demonstrate that they had met the learning outcomes. At best, this ensures that there is consistency in assessing APEL for specific credit. However, this does rather undermine the notion of equivalency and treats learning outcomes as if they are fixed and real. It also means that it may be very difficult for students to have confidence about their learning if it will not fit into the outcomes provided. This is especially important where there are no facilities for offering general credit.

There is a difference between APEL and formally assessed work in that often there is no limit evident to the number of re-submissions. No respondents reported repeated resubmissions as a problem. This is akin to National Vocational Qualification (NVQ) portfolios when evidence is deemed 'not yet sufficient'. It may also reflect the high degree of supervision such students receive and/or a high drop-out rate.

The researchers question the benefits to students where APEL is more difficult than the regular assessment and argue that the rigour is not necessarily in the right place. In many cases the length and nature of the APEL process needs careful review.

Acceptance Of Credit

One institution did not seem to acknowledge general credit from outside its own institution. This is even where a student applies for APL with the same ENB award which bears credit. These decisions are not confined to difficulties of incompatible credit systems where one award had a considerably different credit rating or level to the other, nor to specific credit issues or the ability to use general credit. Such awards are then treated as part of this 'in between' APEL process. This seems at odds with most other HEIs which will acknowledge the *general* credit rating even though the specific credit is different. The rationale for treating APL in this way is not entirely clear other than it was not deemed to be of the same standard as programmes in their HEI.

Co-ordinator Respondents:

> *(recounting a conversation with another institution in response to her enquiry about the credit-rating one of their programmes) .. fine, that was our best student, but please don't put a blanket tariff on it - there were some students who got through the course but I wouldn't give them any credits for their academic work.*
>
> *This institution does not accept that credits from another university will transfer directly.*
>
> *ENB 998s vary a great deal across the country. I have had people who have submitted almost research critiques as part of ENB 998.*

It is possible that market pressures are subtly influencing this process within nursing and midwifery - particularly where other HEIs are close-by. Thus the notion of a 'league table' regarding HEIs and therefore credit may be emerging within nursing and midwifery sector. Conversely, the pressure may actually come from HEIs that have little or no history of AP(E)L who are fearful of 'standards slipping'.

Co-ordinator Respondent:

> *I've been trying to get APEL at level 3 but the University won't have it... because we are a redbrick.*

General And Specific Credit

Specific credit is the most usual type of credit given; this is supported by the responses to the APEL accounts A and B. This may be due to a number of reasons including: (a) it is easier to identify learning with an existing module, (b) a lack of confidence or experience, (c) no facility for using general credit, (d) general credit is only used for entry, (e) the structure of professional courses, (f) HEI regulations or habit.

Problems emerge where only specific credit is available. Students need to value their learning but this is defined by others by what they have learned in specific modules only. This is frequently the case for APEL account (**see 7: Responses to APEL Accounts**). This can result in students having to shape their learning to fit into the right box. This can be influenced by the advice and guidance process and imputing credit so that specific credit is located and modified for applicants. However, this becomes very difficult to articulate if challenged.

At best, general credit allowed entry to programmes but almost none are able to offer it within professional programmes. Most staff find general credit issues difficult. Inconsistency arises with general credit given on entry to a programme. Did the level of the credit represent completion of the previous level? For example, where entry is to level 2 does this mean that general credit is level 1 or that work is equivalent to level 2? This was not always clear in the documentation or at interview. Where general credit is used for entry, there did not seem to be a particular knowledge base required for entry to 'layer' or top-up programmes (**see 5: Top Ups**). This may be partly why specific credit is adhered to. However, compared with regular three and four year full time undergraduate programmes this is inconsistent. This is an area that needs to be addressed.

Internal Consistency

Most institutions demonstrate a level of consistency in their processes through the documentation, interviews and responses to the APEL accounts A and B. Some Co-ordinators keep very detailed records and can track students at any point in the AP(E)L process. All reported that AP(E)L has prescribed processes for assessment, and outcomes are recorded in the student records. It would be possible to audit these AP(E)L outcomes. In some cases, this could not be checked as students had not gone through the system at the time of interview. Where AP(E)L is processed at programme level rather than co-ordinated centrally it was difficult to know whether practice was consistent or if practices are standardised. In the case of institutions with a small volume of applicants or a limited range of awards and a small pool of staff, internal consistency is high. However, changes to each or all of these variables may compromise consistency.

Institution No. 2: Some 'informal' APEL takes place at course level and it was not possible for the researcher to monitor this from a consistency viewpoint. This meant that students with similar learning could be advised differently, particularly where this programme was part of the education contract.

Nursing and midwifery educationalists interviewed are pioneering AP(E)L developments in HE. This can lead to a false impression that AP(E)L is widespread in HE. Central documentation outlining policy and practice may only mean 'where it occurs'. There is little evidence to suggest that nursing and midwifery are having an impact regarding the introduction of AP(E)L and in particular APEL activity *elsewhere* in HEIs.

An HEI can marginalise AP(E)L activity to one or two areas, particularly where the student profile differs from the rest of the institution and professional bodies are involved or there is little mixing of staff and students. Experienced nursing and midwifery educationalists may not be contributing to HE policy and practice as they should.

Many students taking the Framework for Continuing Professional Education leading to the Higher Award enter with academic diplomas and do not require APEL. This raises the question about whether those who are eligible for this award are getting access to it. Additionally, where degree classifications are based on only the final level work, students who are not able to transfer APL or APEL marks may be disadvantaged.

In the absence of comprehensive documentation, students applying for programmes are heavily dependent on staff for guidance about the programme structure, credit regulations, assessment methods, and criteria. There is a danger of APEL becoming a teacher-centred activity and highly individualised.

During early contact with a student, staff may be extracting knowledge and learning from whatever the student presents and impute this for APEL. This may be to reassure staff themselves that students have covered the ground but it may not always mean that it is a conscious process in students. Co-ordinators monitor staff and are quick to develop staff who are out of step with norms in the department. Consistency of practice and outcome are more difficult to judge where such a large amount of tutorial help is built in and it involves a large number of staff on different sites.

5. RELATIONSHIPS WITH HIGHER EDUCATION

Nursing and midwifery education is at different stages of integration. This ranges from those with multiple partners now integrating with a single HEI, to those that are long-established departments within the HEI. It is likely that professional staff on integration with HE do not have a thorough knowledge of HE systems and processes, including AP(E)L.

It is important to recognise the impact of integration more generally on former colleges of nursing and midwifery. The pattern of programme delivery has traditionally been very different from the rest of HE, especially modular institutions. Professional programmes had been taught on hospital sites; over a calendar year; in separate specialisms with a high degree of class contact; clear student cohorts; few part-time students in pre-registration programmes and high numbers of part-timers in post-registration programmes; virtually no student transfers; ENB regulated models of assessment and regulatory framework; clinical teaching staff; practice components; and comparatively small numbers. This model has changed over recent years and continues to change. Nursing and midwifery programmes are increasingly modular whereas this is not always the case in HE as a whole. Modularity has influenced the pace of AP(E)L development.

There has been little formal involvement from outside the nursing and midwifery area in setting up AP(E)L processes, identifying procedures and monitoring them. There was little centrally organised staff development. A few have good partnerships with the HEIs and developed AP(E)L systems jointly.

Co-ordinator Respondent:

> *.....Important that the institution is committed for it to work well.........and resources available.*

It appears that nursing and midwifery education has, in the main, 'gone its own way'. For example, in some institutions, level indicators were developed by the nursing and midwifery educationalists using definitions from other HEIs.

In another, nursing and midwifery staff decided to adopt the credit system of a different HEI; it did not appear that the respondent appreciated the political implications of this - at least, they were not mentioned. Similarities between the AP(E)L strategy used in nursing and midwifery and that of the HEI as a whole are, in some cases, fortuitous rather than planned. One AP(E)L Co-ordinator expressed the view that the AP(E)L strategy of their new HE partner is -

> *somewhat lacking in substance.*

It is not clear how the CATS that are developed from outside the main HEI partner relates to existing programme structures. Some awards are validated by other HEIs and accepted by the new HEIs. Systems that have been developed separately before integration are likely to remain in place for some time.

Active Or Sleeping Partners

In only two institutions could the relationship between nursing and midwifery education providers and the wider HEI be described as strongly beneficial in respect of AP(E)L. The centre acknowledged professional requirements, offering advice and staff development, and including staff other than those who taught nurses and midwives on scrutiny panels and approval boards. Where the nursing and midwifery departments are aware of central processes, they appeared to be conscientiously executed locally. Three co-ordinators considered that their HEIs are rather sceptical about AP(E)L and in particular APEL. It is tolerated, so long as it remained rigorous and necessary for vocational awards.

One respondent stated that the HEI as a whole was not particularly keen on AP(E)L because it had little problem recruiting and did not need to adopt the practice widely.

This minimalist involvement of the wider HEI meant that in one institution the mark for APEL was included in honours classification calculations but it was not clear whether the HEI as a whole was fully aware of this. Nursing and midwifery education has frequently forged ahead, outpacing developments in their HEIs overall. Their closest colleagues regarding AP(E)L were in separate health studies, education and management departments, many of whom have considerable expertise in AP(E)L.

Co-ordinator Respondent:

> *When we first started to develop we were considered to be lowering the tone by the 'genuine' academics. It was very much "oh, it's a bunch of nurses. They're very kind, but not that bright." Eventually, we managed to get practice academically credited - it was a struggle.*

Even where the HEI is tolerant or not unsupportive of AP(E)L the nursing and midwifery department did not seem particularly keen to increase its contact with other areas of the institution. However, since staff tended to teach nurses and midwives predominantly, there was little cross-fertilisation of ideas. Whether a greater level of involvement of the wider HEI would have added anything to the process in some of these institutions is debatable.

Co-ordinator Respondent:

> *(explaining the role of a member of a central HEI department, although claims are subsequently assessed by two people and a third at the approval panel and an external who samples 25% of all claims) .. the draft claim and the adviser's comments is sent to X before the student can do any further work. X will tell us whether, if they did what they were being asked to do to the standard to which they were being asked to do it, that it was a reasonable amount of work for that claim ... someone else to ensure parity. It also stops the university coming back to us saying it is not sufficient.*

The main involvement of the wider HEI is regulatory in nature, i.e. setting limits to the volume of credit permitted from AP(E)L and the requirement for members of another department or a central unit to sit on approval panels. In a number of instances, the HEI intervened to prevent level 3 credit being awarded for APEL; this meant that students could not maximise their AP(E)L potential whilst still remaining within the AP(E)L maximum credit limit. Similarly, the location of many ENB awards at level 2 impacts upon AP(E)L potential.

One Co-ordinator became involved in a central unit of the HEI at a very early stage to ensure that the student was not disadvantaged at a later stage.

Another Co-ordinator spoke of the 'mysterious bible' which she did not have access to but which was referred to by another member of the university when responding to queries.

Whether there is any discernible and measurable difference in the reliability and validity of AP(E)L assessment strategies between those institutions not yet integrated, those about to integrate, or fully integrated and long established within HEIs is not possible to state as a result of this Project. It is important to note that one of the nursing and midwifery educational establishments which has only just integrated operated a system equal in quality to a well established HEI provider. Both systems are well planned, co-ordinated, executed and monitored.

Monitoring And Moving On

Co-ordinators welcomed the opportunity to have AP(E)L monitored. Many feel that their practices and processes are exemplary and wanted this acknowledged. Local detailed reviews are carried out. In one institution the nursing and midwifery staff had researched the 'central' APEL module and this work had been supported and resourced by the HEI. AP(E)L is not an area which has traditionally been monitored in HE, although this seems likely to change.

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The use of external examiners from within the HEI could be very useful as nursing and midwifery education remains fairly insular regarding AP(E)L however is the external any more familiar with AP(E)L? One institution is considering having a separate AP(E)L external. It is interesting to note this shift in the role of the external examiner who will not be a subject expert.

Central monitoring may appear obtrusive in some cases, as the only people who appear to be in a position to monitor quality are those who attend panels and boards specific to nursing and midwifery education. This included external examiners who, admittedly, are not necessarily familiar with AP(E)L. It is important to provide mechanisms to monitor developments in a more systematic and objective way.

Characteristics And Issues Relating To Receiving Awards/Programmes

Programme structures and HEI and other regulatory frameworks governing assessment and credit can inhibit the availability, uptake and potential of AP(E)L. Frameworks inhibit or enhance AP(E)L development by the amount of credit available and this shapes how the assessment is made. This influences decision-making as credit decisions are generally made by what is possible rather than what is desirable (**see 4: Acceptance of Credit, Specific and General Credit**).

Interestingly, the rationale for the Framework for Continuing Professional Education leading to the Higher Award is to facilitate practice-based students to have their knowledge and expertise recognised in order to further their development. The view was expressed that the professional body and professional press has led people to believe that AP(E)L would be less complex than it is in reality. Students claiming APEL in respect of the key characteristics had thought that it is generally sufficient to produce a portfolio that is less specifically focused than that required in order to map learning against module outcomes rather than more generic characteristics. The key characteristics were often integrated within, and reflected across, a number of modules within the award, making it difficult for students and staff to locate learning in one particular area of credit within the academic award.

Co-ordinator Respondent:

> *It came across in the nursing press as 'if you've been qualified above six weeks you can claim something regardless of whether you've actually learned anything from it. I don't think the difference has been recognised between an academic and a professional portfolio. People have brought their ENB portfolios in and said "what will you give me for this?" ... that was a big mistake ... now we are seen as elitist.*

This assumes that such a framework is sufficiently flexible to enable students to determine their own programme to meet the key characteristics. In most cases, the professional programme structures have very little flexibility. Student choice or the choice of modules is limited. This is also an important resource issue.

Two Co-ordinators recognised that programme frameworks were hampering the use of credit and these were under review. Having a comprehensive AP(E)L process may seem cumbersome and inflexible if there is limited credit available in a programme. This can be demoralising to staff and students who cannot see the value as the return is so small.

Top-up Awards

More generally, professional education developments has led to the growth of 'top-up' programmes or layer courses (for example, where nursing or midwifery diplomas are based on 120 level 2 or advanced credits only (i.e. no taught level 1)) and degree programmes based on 120 credits at level 3 (i.e. no taught level 1 or 2).

Similarly top-up programmes (level 3 only), which have come about due to changes in pre- and post-registration courses, pose difficulties for the HEI in trying to maintain the integrity of a degree award and yet facilitate credit transfer.

The separation of AP(E)L regulations from mainstream regulations is interesting and this may be due to the relative autonomy within faculties or toleration of the differences required in nursing and midwifery studies.

Paradoxically, top-up diploma and degree programmes can mean that the availability of credit is reduced. This may also create problems if programmes are not truly modular. In shorter programmes there is limited time for students to amass their AP(E)L evidence. The requirement for students to collate evidence as well as preparing other assessments may put some students off, particularly if this has to occur at the beginning of the programme and the assessment for APEL is more difficult. This may over-burden a weaker student.

Attitudes to nursing and midwifery study in HE have been shaped partly by these layer degrees and diplomas. Students do not realise that undergraduate programmes are supposed to be constructed differently. Many students want to gain their qualification as quickly as possible for job security and career progression.

Standardisation

There is a tension between the need to have open and flexible systems and the need to ensure professional integrity of awards. Modular systems are relatively new to professional education and developments are beginning to take place

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based on experience. Flexible programmes are very attractive to students if they enable them to maximise AP(E)L opportunities. Some institutions are addressing these issues through re-validation and curriculum development. One institution offers a choice of pathways leading to an award permitting greater flexibility and potential general credit. The more compulsory modules there are, the less scope there is for flexibility and credit transfer.

The credit and other differences between the ENB awards pose difficulties for staff and students alike. Standardisation of ENB awards to an acceptable module size should be considered. This would facilitate curriculum development, credit rating and transfer, increase student module choice and flexibility and retain the idea of a national standard for certain awards. It could be particularly useful in respect of common professional awards such as the ENB 998 or ENB 870. Mechanisms should also be developed to give credit for components of modules and to introduce other means of maximising general credit.

6. INFORMATION SYSTEMS

Much of the documentation has been developed by the nursing and midwifery staff, usually the Co-ordinator. This means that in some instances reference within documentation to the HEI is limited and in one case the name of the HEI only appears in one place (then as little more than a footnote). Where the department is clearly well established the HEI's name figured prominently.

Quality And Amount of Documentation

The range, quality and amount of documentation is vast. The quality of student and staff documentation is very varied in some HEIs ranging from A4 photocopied sheets to handbooks and glossy brochures. This variation is further reflected in the information itself, some of which is confusing.

Some student information is very clear and explained the following: AP(E)L philosophy and principles, various stages of the process, criteria for accreditation and financial costs in a clear, systematic fashion with little or no use of unexplained jargon. Normally, enquirers receive AP(E)L information with course information and application forms. Students who had undertaken a central APEL module thought that it was essential to learn about APEL *before* they could apply for credit.

High quality documentation has been refined over a period of time and reflected resource efficiency, rigour and equity; marketing and competition with other HEIs. Definitions of terms are patchy, even in the most comprehensive documentation certain assumptions are made. Those that offered definitions are fairly simple and straightforward **(see also 2: Developed Meanings)**.

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Where information is not user-friendly and explicit it is possible that students may waste time, effort and resources putting together evidence before knowing which programme they are studying or what is required for AP(E)L. There is also a danger that they may not be eligible for admission. Weaker information systems indicate low demand or systems are not fully in place. The more comprehensive documentation tends to be very clear about the process and what students can expect.

One student handbook takes the student through a number of stages, i.e. stage 1 - organisation of portfolio, stage 2 - selecting and presenting evidence, stage 3 - assessment. In each stage there is clear text written in a succinct format with well thought out use of italics to highlight important points. The section on assessment includes criteria to be used in making the judgement and explains who will be involved in the assessment. There are summary sections after each 'chapter' and a useful flowchart.

Proliferation Of Documentation

In institutions where development is proceeding at a more rapid pace there is a proliferation of materials. These have obviously been developed at different points in time and this resulted in slightly different information and is confusing. This redesign and redevelopment of written information was evidence of the rapid growth of knowledge and experience of AP(E)L within nursing and midwifery education.

Institution no. 7 had an array of documents for students from the nursing and midwifery area dated from 1993 to 1995 but there was much overlap and it was unclear whether the newer documents had superseded the earlier ones.

In one institution the Co-ordinator stated that she had not had time to make the modifications needed in information leaflets which reflected changes made. She had not had the time to rethink the process but knew that there were many changes required as a result of her insights into AP(E)L gained over the period since it was introduced.

Information Available To Users

Marketing AP(E)L poses problems where the students are canvassed via the employer. Staff rely on managers to pass on written information to potential applicants. This seems more of a problem where AP(E)L was new. Marketing is really tailored to demand - some departments were struggling to cope with demand.

In most cases, word of mouth is the predominant method of students finding out about AP(E)L, either from staff or other students. Staff needed to be knowledgeable and clear about the process. Inequity occurs where AP(E)L expertise, the AP(E)L Co-ordinator or a clinical link teacher was located on one site and students were located on distant sites. This means disseminating information and good practice is more difficult. Staff spend a good deal of time giving individual help and advice, often by telephone.

Institution no. 6 had an extremely high quality guide developed for students studying nursing and midwifery related aspects which included learning activities.

In one case, staff are concerned that students should not be 'deceived' into joining a programme without knowing what their AP(E)L credits were. They intimate that other (presumably local) HEIs employed this strategy and it is unfair as students did not always get the credits promised and that they are then committed to a programme of study.

Written information is supplemented by a range of other activities: workshops, road shows, telephone contact numbers, input to other courses, lunch-time seminars and one-to-one meetings. This increases the workload of expert staff, sometimes involving considerable travel between sites.

Institution No. 7 offers a series of monthly workshops, in part because there were so many potential applicants for APEL, whereas Institution Nos. 4, 5, and 6 offer an AP(E)L module or equivalent.

The initial telephone or face-to-face contact is an important part of the process since it helps students to understand concepts of AP(E)L and how much credit they would be likely to achieve through AP(E)L. Although students are required to seek accreditation, they need help to understand how decisions on the volume of credit will be made.

Potential students who have access to a limited range of HEIs are somewhat restricted if their employer only has contracts with one HEI and is unwilling to sponsor them if they go elsewhere, or their circumstances preclude them from travelling greater distances. All those who are entitled to benefit from both the Framework for Continuing Professional Education leading to the Higher Award, and from AP(E)L, may not be able to do so where this is the case.

Those nurses and midwives located near large cities where several HEIs exist have the opportunity to 'shop around'. These students may become confused by the different meanings attached to acronyms, by different credit ratings for the same ENB awards and by different approaches to AP(E)L.

All but two students have substantial gaps in their understanding of the full process once the portfolio had left their hands. Most applicants are distanced from details of the assessment process itself, for example they do not know who actually makes the decision even if they know the stages in the process.

This may also be true for any other regular assessment undertaken by students **(see 1: Students' Experiences Of Preparing Their AP(E)L Evidence)**. All the students interviewed had been informed both verbally and in writing about the outcome of their application.

Transcripts

As raised earlier, the variability of ENB courses causes considerable difficulties in verifying learning, particularly 'standard' ENB awards. This problem is compounded by the fact that, traditionally, nursing and midwifery transcripts do not have information which can be used for credit transfer purposes. Students can pay £20 for a transcript to find they are virtually worthless as evidence for AP(E)L. One institution was already developing a new comprehensive transcript. There is a need for a uniform approach to transcripts across nursing and midwifery and HE. This should identify the origin of the credit awarded and details of credit gained within programmes (see Annexe K). This would be resource-efficient, help students learn about credit and form part of their academic and professional profiles and facilitate credit transfer.

Networking And Collaboration

Respondents are keen to share information and the sense of all 'learning together' is characteristic of the responses in the interviews (**see 1: The Co-ordinator, Pockets of Knowledge and Expertise**). A great deal of sharing takes place through internal networking. This is important in multi-site situations.

Inter-institutional activity was less common, contacts with others were on an informal basis. Staff development is locally driven and either comprehensive or patchy. The role of AP(E)L networks is very important to these developments and has been influential. This is evidenced by the informal role the SEEC HPN played throughout this Project (see chapter 3). Nursing and midwifery staff should be encouraged to join such networks where both professional and academic issues can be supported. It is very important that staff and AP(E)L developments are not isolated and remain firmly within HE.

Comprehensive information systems are required for complex processes. There is a need for consistency of approach, language and terminology both within an individual institution and across all institutions if students and other stakeholders are able to understand what is on offer, compare different approaches and make informed choices.

7. INTER-INSTITUTIONAL CONSISTENCY

Generally, there is a consistency in approach between institutions regarding the range and frequency of the assessment criteria used and, perhaps most surprisingly, the outcomes reached for APEL accounts A and B. This sort of consensus might be explained by the development of most post-registration professional programmes at levels 2 and 3 or the extent of networking. It might also be argued that the remnant of national standards remains (both the CNAA CATS and ENB). Closer inspection reveals greater differences than at first appears.

Inter-Institutional Reliability And Validity

It became clear that there are shared principles, common characteristics, emerging themes and issues. There appears to a shared AP(E)L philosophy and there are common principles and terms which are generally agreed. The researchers found that the SEEC Code of Practice for AP(E)L is adhered to by individual institutions, even by institutions that are not SEEC members and staff who had never seen or heard of it. Globally, individual AP(E)L systems and assessment strategies appear reliable and valid.

This is contradicted by the detail of the inter-institutional analysis. Despite the agreed terms, principles and rigour in place the true 'transferability' of credit is contested. Therefore inter-institutional reliability and validity is difficult to ascertain and measure due to a host of different approaches to credit and different perceptions of professional staff. Credit transfer is inhibited by subtle differences in the following areas: credit definitions and tariffs, local and national frameworks, the use of specific credit, the volume and levels and covert assessment criteria. This contradiction is illustrated by the responses to the APEL accounts (see Annexes E and H).

Responses To APEL Accounts A And B

In general, bench-marking seemed to be consistent around level 2 as many professional programmes are at that level and there is an assumption that level 1 credit is met by registration. Whether the same experiential learning gains the same level and volume of credit depends upon the tariff, the definition of level, whether the institution permits APEL at a given level (e.g. level 3), the size of the 'slot' within a receiving award into which it must fit, the design characteristics of the receiving award, the institution's definition of general credit, the regulations regarding maximum permitted AP(E)L, and how much is permitted within the specific receiving award.

Most respondents (eight) expressed the view that account A was worthy of a greater volume of credit and at a higher academic level than account B (see Annexe H). One respondent (institution number 8) could not give an indication of the level or volume of credit in respect of either account. Descriptors such as *analysis, evaluative, good breadth, focused, reflective* and *theory* applied to practice were used in respect of account A but it could not be accredited without further proof. This evidence included presentation of the teaching package, confirmation by the student's manager that it was authentic, and, in one institution, observation in the clinical setting. Account B was referred to as *descriptive, learning implicit* rather *than explicit, theoretical, an academic essay, insufficiently focused, fragmented, insufficient and not sufficiently applied to practice*.

Decision-making seemed clearer for account A as all institutions have a 'health education' module for which specific credit can be given, while although account B is considered by all to deserve some credit, it appears more difficult to gauge in the absence of a 'group work' type module to measure specific credit against. One institution (number 5) saw account A as descriptive too. The exercise also highlighted the fact that it was generally easier to base a claim around a hard artefact that is a teaching package than a more nebulous area such as communication. Respondents clearly had more difficulty knowing what to 'do' with the learning presented in account B, four making explicit reference to the fact that there was no obvious 'slot' in the receiving award against which to compare the learning.

It is interesting that staff felt quite confident in justifying their own AP(E)L decisions but some were rather hesitant when faced with something 'unknown' such as the APEL accounts **(see 4: Decision-Making)**. There are a number of explanations for this including the artificiality of the process, the difficulty in ascribing specific credit if a particular module does not exist and general credit is not available. It may also indicate that written evidence alone is not sufficient and they need a 'live' student there to viva. Some Co-ordinators were disconcerted by this method and stated that they would not receive claims in such a form.

Social desirability may have played some part in the comments and reactions to the accounts. Also, it may be that staff thought they were supposed to see a difference in them. Sometimes the researchers were asked after the interviews what the real credit-ratings were.

Assessment Criteria

The majority of institutions are clearly taking into consideration similar criteria when making judgements on APEL. However, they do not appear to be the sole criteria used as the earlier discussion and comments above suggest. The common criteria in use are:

- whether the evidence is relevant to and supportive of the learning being claimed; whether there is a *sufficient* range and quantity of evidence to assure the assessor that the student has the learning; and whether the evidence meets the criteria set, i.e. demonstrates it is *valid;*

- the assessor is assured that all evidence presented is the result of the student's learning and achievements, i.e. it is authentic;

- the learning still is 'live' and is applicable to the chosen field, i.e. it is *current.*

AP(E)L should avoid repetition of knowledge and skills already achieved and therefore:

- the learning generally equates to that which would be expected of a student who had completed similar learning in the receiving award and justifies a different *entry point;*

- the learning matches that shown in the outcomes of a module/s to gain *exemption.*

SECTION 3: SUMMARY OF RESULTS, DISCUSSION AND CONCLUSION

The results and points from the discussion from both the main survey and tracking have been summarised and presented under the headings from the emerging themes with some additional headings.

- **AP(E)L And Credit Systems**

All nursing and midwifery education areas surveyed offer APL and at least 95% offer APEL. A diversity of credit systems is used. Most nursing and midwifery educationalists are using comprehensive and complex AP(E)L systems, often to demonstrate academic rigour to their HEIs. Staff expressed a desire for simpler AP(E)L systems. Many AP(E)L Co-ordinators consider that they are ahead of AP(E)L developments in their HEIs and are influential in shaping institutional policy. This is supported by the documentation developed by them and is often presented as institutional policy. This indicates a degree of recognition by HEIs of AP(E)L expertise in nursing and midwifery and this is important for future developments.

Specific credit is commonly used. General credit is rarely used, except at level 1. There are virtually no level 1 post-registration programmes in existence. Most credit is given at level 2. A diversity of credit volume and levels exists for the ENB Awards surveyed. Interestingly, this diversity is not so marked for the ENB 997/8 which has 20 credits at level 2 on average.

- **Assessment**

Within individual HEIs, AP(E)L assessment strategies appear equally as reliable and valid as 'regular' academic assessment strategies and usually are similar in process. A range of assessment methods is used for AP(E)L although portfolios are cited as the preferred method. Written evidence, presented in the correct academic form, is considered important.

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There are difficulties in making the AP(E)L process transparent, in particular decision-making for APEL assessment is not always clear. APEL is not usually given a mark, but where a mark is given it could be used for degree classification. These are important issues which are not confined to APEL but have implications for assessment generally and also credit transfer between HEIs.

- **Practice Issues**

There is evidence that staff had real difficulty in developing a professional model of education, which is practice-based, to fit into a 'pure' academic model of AP(E)L. Subsequently, adaptations and developments occurred to address the needs of both areas.

A model of AP(E)L is used which appears to be half way between APL and APEL as it incorporated past formal learning and professional practice, for example, where an old certificated course which is not credit-rated is held but the student has 'kept up to date' with practice developments. This is subsequently judged as sufficient to gain credit.

Learning from professional experience is differentiated and appears to be valued differently. Three types of learning in practice are identified: (i) the student's ability to apply theory to practice, (ii) the student's ability to change own practice; or (iii) the student's ability to bring about change in the field of practice as a result of learning. This 'value added' approach is reflected in the level and volume of credit that could be given.

The ability to be 'reflective on practice' was a skill that is highly valued in the APEL accounts and this relates to the points made above. Reflection is used very widely in AP(E)L both as a means of gathering evidence (i.e. portfolio construction by reflecting on practice to derive evidence) and in APEL assessment (i.e. the students' ability to demonstrate that they are reflective practitioners).

- **Roles And Functions**

The Co-ordinator plays a crucial role in developing and determining the quality of the AP(E)L system, the student experience and staff development - irrespective of HEI support. Advisers play a significant role in helping students decide to proceed with their claims. Students' experiences of AP(E)L are favourable overall. Students who have poorer experiences are sympathetic to staff who are coping with a new area. The findings related to the students are limited due to the small sample. This is an area which needs further exploration, particularly regarding equity and those who do not 'survive the AP(E)L ordeal'.

- **Language**

Different definitions and developed meanings of common credit terms make it difficult to navigate the system and in some cases obscure important issues like the relationship

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of AP(E)L to professional practice. For example, APL, APEL, APLA, AP(E)L, general credit, specific credit, specific general credit, access credits and exemptions are all variously defined.

- **Resource Implications**

Resource issues are raised again and again by staff. Their workload, without remission from other activities, and the cost of AP(E)L seemed invisible to HEIs, purchasers and applicants. AP(E)L can offer a considerable saving in time and money for students and purchasers. Mostly AP(E)L was not costed and charges to students were not always made. Education providers are generally aware that where they charge fees these do not cover the costs. These costs include: special documentation, staff time, teacher 'contact' hours, student/staff ratios, AP(E)L systems, development time, HEI overheads, and the loss of potential income had AP(E)L not been available.

- **Parity And Quality Assurance**

Overall, complex and comprehensive AP(E)L systems are in place in nursing and midwifery, but as it is new there is a tendency to be over-cautious. AP(E)L staff are determined to demonstrate academic rigour in their processes and ensure credit is 'earned' through valid and reliable strategies.

They also wished to have their achievements monitored and acknowledged by HEIs. Equal opportunities for AP(E)L exist in theory but, in reality, how nursing and midwifery education is organised and AP(E)L is managed affects both quality and equity.

- **Relationships With Higher Education.**

The relationships between HEIs are varied and reflect the degree of integration and understanding of AP(E)L. In some institutions visited, there was a very light touch or disinterest from the 'centre'. Others HEIs are more sceptical and monitored AP(E)L activities 'closely'. Other HEIs guided and assisted the development of AP(E)L and, in some instances, a centrally-driven approach had been devolved down to the nursing and midwifery departments. In some instances, nursing and midwifery education has, through integration, introduced CATS and AP(E)L practice into HEIs where there was no tradition of these practices. This seems to be the case where prior to integration the colleges had programmes validated by more than one HEI. Integration was superficial in places and there is a need for further integration of nursing and midwifery in HE to benefit students, staff and the profession.

Generally, it appears that nursing and midwifery staff are paving the way regarding AP(E)L in their HEIs. Some institutions stifle AP(E)L development through their regulatory frameworks, for example, by prohibiting the use of APEL at level 3.

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- **Developmental Stage**

AP(E)L is developing quickly. Those in the field of AP(E)L are at the cutting edge of practice, learning from experience and making changes. As AP(E)L staff gain confidence and respect from colleagues so they feel freer to take risks and to account for their decisions. All this *must* happen if AP(E)L is to remain vibrant and responsive to the needs of nursing and midwifery practitioners.

AP(E)L will remain a central aspect of professional education and development. Standardisation of professional awards should be considered to take account of modularity. This would facilitate credit transfer and future education developments in the profession.

- **Networking And Collaboration**

It appears that there is a genuine desire to learn from one another in nursing and midwifery education. This reduces the need to 'keep re-inventing the wheel' and frees up individuals to develop policies, practices or innovative approaches. Collaboration was, in the past, the norm but today competition between nursing and midwifery providers is more keen than ever before. Individual students and purchasers are 'shopping around' and, as this increases, it could further discourage collaboration between providers of education. Nursing and midwifery staff have been isolated and it is important to encourage them to join recognised networks that are firmly embedded in HE.

- **Internal Consistency**

Internal consistency of individual AP(E)L systems appears to be high. This is due to the relatively tight controls enforced by the Co-ordinator and where the numbers of staff involved are small. This consistency is compromised where greater numbers of staff are involved, as different advice and practices and criteria may be used. HEIs need to ensure that the necessary spread of expertise is matched to uniform standards, particularly when multiple educational sites are involved.

Generally, central control is weak and nursing and midwifery educationalists have set and maintain their own AP(E)L standards. This is to ensure that processes are utilised equally and assessment is valid.

- **Information Systems**

Records and information systems vary widely: from recording initial enquiries to confirmation of outcomes, the systems range between the equivalent of 'the bath book' to sophisticated software and databases. Access to HEI networks is not yet complete across hospital sites where much nursing and midwifery education is currently delivered. The quality and quantity of written information varies between HEIs. In many cases, workshops, road shows, one-to-one interviews, distance learning and lunch-time seminars are also in place.

It was not clear whether AP(E)L was reaching those it was specifically intended for, particularly, for the Framework for Continuing Professional Education leading to the Higher Award. This needs further examination. There is an urgent need for a common HE transcript that includes credit details. At present credit transfer is inhibited and it is very costly for staff to 'track down' credit information on an ad hoc basis.

- **Similarities And Differences Emerging From Responses To APEL Accounts A And B**

A consensus emerged in the responses to the accounts. Respondents generally expressed the view that account A is worthy of a greater volume of credit and at a higher academic level than account B. Account A is seen as more analytical, evaluative and reflective but despite this, further evidence would be required. Account B is seen as descriptive, theoretical and academic in approach while the evidence is considered insufficiently focused. Decision-making is clearer for account A as all institutions have a 'health education' module for which specific credit could be given, which is not the case for account B.

- **The Students' Experience**

Sometimes, AP(E)L opportunities are limited as there are barriers to accepting credit ratings from other institutions. Students seem satisfied on the whole with their AP(E)L outcomes, although the systems and processes are complex and not always clear to them. This complexity suppresses demand in some cases. Students seem to adopt a 'trial and error' approach in presenting evidence.

- **Inter-Institutional Reliability And Validity**

The use of the SEEC Code of Practice for AP(E)L is useful in eliciting common ideas and principles that are shared across the HEIs regarding credit. It is still difficult for students to transfer credit easily. Individual institutions have their own definitions, methods and approaches to AP(E)L which determine how much credit can be transferred. This makes it appear something of a 'lottery' as the process is often highly complex. Individual institutions can demonstrate reliability and to an extent validity of systems, but this could not be generalised.

CONCLUSION

The aims of the Project are revisited briefly and conclusions are drawn about the extent to which they have been met. Nursing and midwifery education is now based in Higher Education; this has allowed an interesting synthesis of ideas and practices and not least the rapid development of credit accumulation and transfer. Nursing and midwifery education claim the greatest growth in AP(E)L in HE. This proliferation in AP(E)L activity resulted in concerns about quality. Many professional staff in the SEEC Health Professions Network were directly part of this phenomenon.

The relative autonomy of the former nursing and midwifery colleges to determine educational developments outside of Higher Education is an important factor in the rise of AP(E)L. Colleges received varying levels of support from HEIs, many of which were not able to help because these programmes are often breaking new ground untested by the HEIs themselves. It appears that former colleges have retained a distinctiveness within HEIs relating to the specialised nature of professional programmes and the demand for AP(E)L.

Meeting The Project Aims

There were four original aims which overall have been met, and some aims proved more straightforward to achieve than others. Firstly, the Project has provided an overview of practices and procedures concerning AP(E)L throughout the institutions offering nursing, midwifery and health visiting continuing education programmes. This was achieved by mapping AP(E)L developments to date through a national survey conducted in 1995. It indicated the unprecedented change in nursing and midwifery education and the volume of AP(E)L activity in response to student demand. The high response rate from nursing and midwifery educationalists indicated the level of interest and anxiety these changes were bringing about. Further development occurred since the original survey and this has been captured through tracking. There is now a wealth of data charting these developments.

Secondly, the Project has compared and contrasted the accreditation of prior learning for nurses, midwives and health visitors across the sector. The initial comparison from the survey showed several models of credit were in operation and this was reflected in the varied credit ratings of ENB awards. Research methods were specially designed to elicit information and enable analysis of results to facilitate fair comparisons of AP(E)L in 10 institutions. This was highly successful overall although the researchers are aware of the limitations of the methods used.

Thirdly, the Project has tried to identify the specific quality assurance issues concerning reliability and validity of AP(E)L strategies. This third aim was less straightforward as there were considerable difficulties in defining the terms 'validity' and 'reliability' within the context of the complexities of the research environment and the conceptual nature of the research. Although terminology is problematic across institutions, there is evidence that the individual interpretations of AP(E)L terms are adhered to locally. This is due to the tight quality control exerted by the AP(E)L Co-ordinator both in the policy and process.

AP(E)L assessment strategies are thorough and often very complex. They are based on the usual HE assessment model. There is an assumption in HE that its assessment model is valid. It can be argued that this is therefore a legitimate model for AP(E)L. The AP(E)L assessment strategies appear to be consistently applied and in some instances seem over-zealous to the point of treating APEL students very differently to others.

The researchers elicited the rationale for judgements which are made in relation to AP(E)L and the diverse detailed processes which have been created to support them. The diversity of practices does not mean that the AP(E)L processes are unreliable or invalid. The amount of credit transfer between certain institutions may be an indicator of the validity of the assessment process and tracking student progress is another aspect of this. There are obvious limitations with both approaches. Neither of these issues could be pursued in this Project.

One of the key aspects of reliability and validity within the HEIs is the internal monitoring practice. Mostly this was carried out voluntarily on a 'good practice' (and goodwill) basis by Co-ordinators. They are open and aware of the limitations of systems. There is very little evidence of systematic review by the HEIs overall, although where this has occurred it is largely through the influence of the Co-ordinator.

Lastly, the Project sought to identify models of good practice with a view to wider dissemination. The complexity of AP(E)L precluded a single model or menu of models being advocated. This would be unrealistic considering the rapid developments and diversity demonstrated. The concern about quality is often the rationale for the complexity of AP(E)L processes. There is a lot of evidence of good practice even if this is confined to certain areas of the process, for example, student support. Co-ordinators wanted to be seen to be developing good practice.

Good practice principles identified in ENB, HEQC and SEEC documentation have been tested as part of the Project by using the SEEC Code of Practice for AP(E)L as an audit tool. This is very useful for institutional self assessment and external monitoring and most institutions met the recommendations of the SEEC Code of Practice for AP(E)L. The use of the Code of Practice and the emerging themes and issues provide important indicators for good practice and monitoring of AP(E)L activity (see chapter 5).

The need to establish more widely a common language and understanding of AP(E)L concepts is evident. This Project contributes to this process particularly through the common emerging themes. Given the constant change it was considered more useful by the researchers to establish good practice principles which would offer a degree of flexibility, stability and facilitate inter-institutional transfer. The need for fair and open systems which all stakeholders can understand and access is important in providing educational opportunities for professionals, whilst maintaining and enhancing professional and academic standards. Although the Project has focused on professional education, the findings have important implications for HEIs and inform the wider debates taking place within HE.

Chapter 5

TOWARDS A MODEL OF GOOD AP(E)L PRACTICE

INTRODUCTION

This chapter explores the approaches to good practice in AP(E)L for professional programmes in nursing and midwifery. A collective 'good practice' model is emerging based on common themes arising from the research. The themes can be translated into principles derived directly from AP(E)L practice itself. This is the very important contribution being made by professional education in nursing and midwifery in the development of AP(E)L across the whole of HE.

It is important to review the way CATS and AP(E)L were introduced to nursing and midwifery education, as this has shaped the systems and programmes in place nationally. Many educationalists are now 'taking stock' of their AP(E)L systems in order to refine them as an integral part of on-going curriculum development. The role of the professional body, the ENB, is an important one as it too has been influential in shaping these developments. AP(E)L developments have serious implications for the way assessment is viewed in HE as a whole and future developments need to be considered as part of mainstream assessment philosophy and practice across HE.

DEMAND LED DEVELOPMENTS

The 'race' for accreditation was dramatic. Once this had occurred, the key questions every nursing and midwifery educationalist involved in AP(E)L wanted to know were:

- How do you do it?
- Are we doing this right?
- How are we going to prove its worth to purchasers?
- How do we maintain credibility within our HEI?
- What do our peers think of what we're doing?
- Are students getting a good deal?

The ENB, through the Framework for Continuing Education leading to the Higher Award, has almost 'overnight' introduced the concept and practice of credit transfer on a large scale into nursing and midwifery education. The ENB may not have realised how sudden the impact would be; it was contacted frequently by students with queries and complaints about AP(E)L. Student demand and expectations were and are still very high.

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Developing Expertise

Nursing and midwifery educationalists developed 'CAT systems' with their HE partners, mostly prior to integration. They then had to learn how to implement the system by a certain degree of trial and error. AP(E)L practice was not evenly developed within post-registration programmes and there were problems of accepting APL or APEL between staff and departments as well as other HEIs.

Staff had to develop AP(E)L expertise fairly quickly. Complex systems grew up to meet professional and academic requirements. Rigour was paramount - it was important to be seen to 'get it right'. As has been noted in chapter 1, AP(E)L developments in HE have also been subject to much debate and variation. Keeping up with demand was the main priority and this left little room for reviewing AP(E)L systems and processes systematically. Developing procedures has been, to some extent, thrust upon them.

Real Credit

In the early days of CATS and AP(E)L, these concepts were treated as fairly straightforward, fixed and permanent: that is, credit was 'real and unchangeable'. This was because nursing and midwifery educationalists naturally assumed that the development and use of AP(E)L in HE was uniform, widespread, and unproblematic: professional educationalists were primarily concerned with practical problems rather than conceptual ones. At the same time, most educationalists had little or no exposure to modular programmes and although ENB awards became credit-rated and were often called modules, they were not uniform.

Issues of level, particularly level 1, were based on the national bench-marks from the CNAA/ENB and later the UKCC 'tariffs'. Rapidly, pre-registration programmes were equated with level 1 credit. This meant that the focus for AP(E)L was on levels 2 and 3. Initially, educationalists assumed that AP(E)L was widely practised across HE. This tariff approach created a safe space for development but soon there were as many problems as it solved. It did not address the issues of APEL or transferring specific credit.

Complex Systems

Once the conceptual complexities came to light, the AP(E)L systems became more complex to deal with them, for example, the development of APEL modules. Co-ordinator roles emerged and home-grown staff development was introduced piecemeal. Many staff wanted to have simpler systems. However, once the complex systems were built up, streamlining them was difficult. As confidence around standards and decision-making grew, greater flexibility and risk-taking became possible and was introduced by some institutions.

Educationalists providing professional education programmes would find a simple and straight forward AP(E)L system, particularly for assessing and transferring credit, very attractive.

What About A National Tariff?

Those new to credit frequently cite the need for a national tariff of credit-ratings for standard programmes. Credit is widely used for existing ENB awards which appear, at first sight, uniform in terms of having standard outline curricula and expectations for professional practice. Logically, one might assume that they might accrue the same or similar credit-ratings at the same academic level. This is not the case.

The idea of a single list which would be acceptable to all institutions is an attractive one. It also characterises the pragmatic approach taken by professional educationalists to solve practical problems by collaboration or hierarchy (rather than feel institutional autonomy is threatened).

However, fixed credit ratings based on a national tariff would make the system very rigid and stifle curriculum development. It still would not overcome the problems of dealing with specific and general credit, the current mixed awards, inflexible programme frameworks and resistance to AP(E)L in some HEIs.

If learning is to be valued, this means that AP(E)L has to be much more than an arithmetical calculation; it is integral to all aspects of education particularly assessment. Thus, academic rigour must be applied within professional programmes as elsewhere. In any event, even if a tariff could be fixed for any practical length of time, it still would not deal with experiential learning.

Towards A National Credit Framework

The complexities of AP(E)L become apparent due to the relative autonomy of HEIs. Different systems exist, some fully modular and supporting AP(E)L, whereas others have little interest or history of credit. Even so, where AP(E)L is supported in an HEI it can be marginalised to a certain area of the institution, while other HEIs may be hostile to credit transfer and inhibit the development of professional programmes.

The ENB is responsible for nursing educational standards and is the validating body for professional nursing awards in England but it is not a credit-rating body. This function is carried out by individual HEIs. There is a great diversity of CATS across HE itself. This accounts, in part, for the differences in ENB awards nationally. These differences inhibit credit transfer. This was highlighted by the Co-ordinators' responses to the APEL accounts (see Annexes E and H).

Currently work is being carried out by SEEC to address the development of a national credit framework which would seek to harmonise practices across HE. This is referred to in chapter 2. Alongside these developments, there is a need to examine the current ENB awards in the light of increased modularity, for example, greater uniformity to reflect standard module sizes and a review of certain outline curricula. A review of this nature offers greater flexibility and mobility of credit rather than fixing credit-ratings.

A COLLECTIVE MODEL OF GOOD PRACTICE

Nursing and midwifery educationalists want to ensure quality and to have their AP(E)L good practice recognised. Staff are not complacent and constantly seek ways to improve what is on offer. The researchers, on testing the SEEC Code of Practice for AP(E)L (CoP) (see Annexe G), found that, on the whole, nursing and midwifery staff are meeting its recommendations. There are many examples of good practices throughout the Project. These occur in every aspect of the individual AP(E)L systems or in the evidence given by key personnel.

The researchers found that there is no single and complete model of good practice. It is not appropriate or helpful to 'hold up' a single system, or range of systems, that cannot be generalised to other HEIs. This is because the examples of good practice are 'set' within a whole, often unique, interconnected system that cannot be replicated in another HEI. Examples include: flexible programme frameworks which permit the use of general credit, comprehensive student record systems, field staff with expertise in AP(E)L and student support systems. (Fuller details of each HEI visited are given in the case studies in Annexe H).

Developing The Collective Model

Arising from both the research methods and the results, a more eclectic model of good practice has begun to emerge. This Project has allowed the CoP to be tested and used as an audit tool. The CoP has been developed during the life of the Project and has been extremely useful. The original purpose of the CoP was to enable HEIs and AP(E)L practitioners to reflect on their own practice and to use the recommendations to develop practice. It was not intended as an audit tool. The CoP recommendations cover institutional and operational practice (see Annexe G).

The CoP is based on the collective AP(E)L experience from senior practitioners and policy makers in the 40 SEEC member institutions, including nursing and midwifery educationalists (see Annexe J). It was a considerable achievement to reach agreement with that number of HEIs. It was important to use a tool that was not solely developed for professional purposes but was developed to be flexible for use across a range of programmes and academic levels. There are some limitations to the CoP which include, for example, insufficient exploration of AP(E)L concepts and the recommendation that the assessor's and adviser's role should be separate, which is different to mainstream assessment practices.

The major themes and issues arising from the Project are common to all the institutions in the case studies. They constitute an important part of the model which is proposed here. These themes may be developed further into principles and, together with the CoP recommendations, form a flexible, grounded collective working model.

The major themes emerging from the cross institutional analysis are discussed in the previous chapter and are:

- Roles and function
- Language

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- Resource implications
- Parity and quality assurance
- Relationships with HE
- Information systems
- Inter-institutional consistency

These themes can be used to form guiding principles to develop and audit AP(E)L practice. As with the CoP, performance indicators can be developed. There are some similarities between the CoP and the themes; however, the latter derive exclusively from nursing and midwifery post-registration education practice. Similarities with the CoP indicate the common issues between professional educationalists and HE peers. This would also ensure that if they were developed into a full working collective model they could be applied across HE.

Good Practice Principles From The Emerging Themes

Two examples of how the key themes could be developed into good practice principles are presented here, namely, roles and function and resources. The Co-ordinator's role has proven to be central to the success of AP(E)L and could be defined and explored specifically.

Principle:

The Role of the Co-ordinator is made explicit in the AP(E)L process.

Indicators:

- Role description is available
- Membership of AP(E)L policy-making body
- Membership of AP(E)L committees
- Staff development
- Student contact
- Assessment function
- Quality assurance function
- Support systems available
- Resources required for role

It is also very clear that resource issues have not been made visible within AP(E)L processes. This has significance for HEIs as well as nursing and midwifery departments and faculties.

Principle:

Resources required to implement the AP(E)L process should be made explicit.

Indicators:

- Time and activities of staff involved
- Student guidance and support requirements

- Staff development requirements
- Charges made to students
- Different modes of offering AP(E)L
- Employer/purchaser costings

Both sets of indicators are based on the findings from the Project and not exhaustive.

Tool Kit For Building A Model Of Good Practice

This Project provides a rich amount of data which permits a continuing review of AP(E)L from various perspectives. Tools have been devised and developed from the methodology which can be used in the construction of the collective good practice model. These tools include the:

- APEL Accounts
- Case studies
- SEEC Code of Practice for AP(E)L
- Principles arising from the emerging themes.

A modified audit trail approach has been taken which can be replicated. Individual organisations and departments can decide the focus of their activity and adapt the tools within the model according to their needs. For example, the APEL accounts and case studies can be used for staff development, while the CoP and case studies can be used to consider student issues or to review systems at institutional and operational levels. Many of the issues around AP(E)L are also relevant to assessment more generally, i.e. decision-making and assessment strategies. The complete good practice model could be constructed and tested in selected institutions to evaluate its effectiveness as part of future development work.

SUMMARY

This chapter has examined the concept of good practice in relation to the Project. Currently AP(E)L is offered in a variety of ways and there is no 'ready made' model of good practice with universal application. It is clear that there is an emerging consensus around AP(E)L principles and practice, arising from the Project and other work. This contributes to a collective working model of good practice which should be developed.

The 'fledgling' model, based on the tools identified and tested, can be used to address quality issues in nursing and midwifery education. The model should be used flexibly to develop, monitor and audit AP(E)L practice within HEIs. This should lead to more effective ways to value learning and to improve the student experience. The approach advocated here is not based on theoretical artefacts but constitutes a collective good practice model which is derived directly from good practices in and across HE.

Chapter 6

DEVELOPMENTAL IMPLICATIONS FOR THE KEY STAKEHOLDERS

INTRODUCTION

This chapter raises issues, arising from the research findings, for professional education as a whole. Recommendations are presented as developmental implications which need to be considered by the key stakeholders, principally the ENB and Higher Education. Inter-related policy issues and future developments will be highlighted. As professional education is now integrated into HE, it is important that this Project is not viewed independently from other HE developments. The pending Dearing report, in particular, is likely to impact on professional education through HE changes. Other key stakeholders are also addressed including purchasers of nursing and midwifery education, nursing and midwifery educationalists, students and, ultimately, those receiving care arising out of the educational process.

At present, the development and experience of AP(E)L is largely at undergraduate level and within post-registration programmes. This will change and AP(E)L practices will spread as more post-registration programmes are developed at postgraduate level and once pre-registration courses become full degrees. For the ENB, there is a range of issues to consider, of which some are more specific than others in relation to the profession and its development and influence within and across HE.

The issues are presented here under headings relating to the key stakeholders, although many of the issues impact on a number of stakeholders.

POLICY ISSUES

- **The ENB should continue to support and encourage the development of AP(E)L and forge stronger collaborative alliances with HE.**

Nursing and midwifery education should be firmly integrated and embedded within higher education, sharing its systems and procedures. There are potential benefits for all stakeholders if the ENB and the Higher Education Quality Council (HEQC) work towards shared understanding and policy.

- **The experience of the ENB, informed by its officers and nursing and midwifery educators, could make a valuable contribution to HE into the millenium and beyond.**

Professional education is a significant factor within HE both numerically and in respect of the uptake of flexible learning opportunities including AP(E)L. Therefore, this partnership would consolidate the position of nursing and midwifery education as a

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significant influence on policy and practice whilst contributing to the development of flexible and responsive HE provision in the future. There are indications that professional and vocational education will continue to take on greater significance, as will value-for-money, part-time programmes, dual accreditation and employment outcomes following a period in HE. All these issues are already being confronted.

- **The ENB should encourage greater integration and acceptance of nursing and midwifery education into higher education.**

Nursing and midwifery educators frequently are still operating from hospital sites which are seen by their own HEIs as 'nursing' sites rather than part of the campus. Dislocation from the main student body means that teachers frequently teach only nurses and/or midwives and this also limits the student experience. A robust collaborative alliance between the ENB and HE would contribute towards comprehensive integration of nursing and midwifery education within the sector and its development and consolidation over the coming years. Isolation, both geographical and conceptual, of nursing and midwifery education has exacerbated many of the problems identified in the Project.

- **The ENB should emphasise and maintain professional standards in relation to current academic credit developments.**

The need to maintain professional standards and validation must continue if the profession and public are to be safeguarded. It does not seem desirable, nor possible, to agree a general credit tariff for all ENB awards based upon either an outline syllabus and credit-related learning time or a more prescriptive modular framework. Any attempt to 'control' academic credit as well as professional recognition would require a major initiative on the part of the ENB. However, this activity would be simplified if HEIs were to adopt a common credit framework since it would obviate the need for 'conversion' tables between institutions. This is also important in relation to the work taking place in the other National Boards.

- **The ENB should take the opportunity to review its numbered awards.**

The Project highlights both the difficulties created by differential credit values for ENB numbered awards, for example, ENB 870, and on a more general level the nature of such awards in the light of major educational reform. Over time, the ENB has set out the syllabi and minimum learning times for the various numbered awards. This provided a form of national minimum standard which remained largely unchanged until programmes began to be developed within HE. These ENB numbered awards now represent a wide range of provision as education providers have either adhered to the minimum outline curricula or developed them within larger study programmes and as health trusts set their own priorities. The idea of a fixed individual ENB numbered award package representing a 'national standard' is no longer universal.

The growth in demand for individually negotiated awards in HE may suggest that courses as fixed packages will cease to be the norm. However, there are dangers in professional education being totally demand-led. This is where the statutory bodies collectively need to provide vision and clear direction to the profession, purchasers and HE as a whole. The challenge for the ENB is the balance between maintaining standards, encouraging creativity and restraining inappropriate developments in professional education.

The UKCC advocates a more open approach to continuing professional development via PREP. In addressing the opportunities for the professions in the future, new professional educational standards can be encouraged to emerge that are meaningful, flexible and generic and delivered within the HE educational model.

- **The ENB should take the opportunity to further the debate surrounding professional practice as an area of credit difficulty, not just in respect of AP(E)L.**

- **HE should work with relevant bodies, including the ENB, to support the development and implementation of a national credit framework which will facilitate credit transfer and address quality concerns.**

Whilst the ENB maintains professional standards through validation, audit and review, the HEQC and HEFC have held a similar remit in respect of academic standards. A closer working relationship would forestall some of the difficulties which exist, in part, because of the differentiation between 'professional' and 'academic credit tariffs'. For example, some HEIs have found it difficult to award academic credit for work-based learning and some respondents have reported reluctance on the part of their HEIs to accept APEL, particularly APEL above level 2. This could be interpreted as scepticism in respect of the value and significance of learning outside of the classroom. This scepticism should be aired and debated. The Project has highlighted the existing lack of agreement over terminology, a national credit tariff and level descriptors, which has added to the confusion and complexity of AP(E)L in nursing and midwifery education in England.

- **The ENB should review its assessment strategy in the light of AP(E)L developments at pre- and post-registration levels.**

The Project has shown that AP(E)L has been integrated to a large extent into regular assessment practice. Assessment strategies from HE and professional bodies need to be flexible to allow AP(E)L development. Practice issues within academic nursing and midwifery programmes need to be addressed to ensure that practice is not being forced into an artificial 'academic' model which cannot reflect its value as, for example where academic levels are attached to practice and where its assessment may not related to these levels at all. On the other hand, there is a need to look more conceptually and critically at what is the accepted 'theory practice gap' in the light of AP(E)L experience. The ENB's general assessment strategy has remained essentially focussed on longer taught programmes leading to a professional award, especially pre-registration; this does not reflect the shift in the nature of post-registration education which is increasingly modular and not 'cohort 'dependent.

- **HE will need to consider mechanisms which recognise, value and support AP(E)L development, practice and quality in professional education.**

This Project has shown that individual HEIs' responses are variable, some offer considerable levels of support but the majority fail to recognise the value of AP(E)L within nursing and midwifery education. There is a necessity for a more cohesive approach to developing and disseminating AP(E)L policy and practice. The promotion of AP(E)L development within a quality assurance framework is vital and mechanisms which permit inter-institutional comparisons will need to be developed.

RESOURCES

- **The resource aspects of AP(E)L should be considered very seriously by the ENB since nursing and midwifery education is a major user of AP(E)L.**

- **HEIs should acknowledge the resource-intensive nature of AP(E)L and ensure that resources are in place to support its activity.**

- **Purchasers of professional education need to recognise the additional costs and resource allocation required for effective AP(E)L. This should be addressed through the contracting process.**

AP(E)L is costly in time and money. The Project has shown that HEIs themselves may not be fully aware of the extent of their own AP(E)L activities and thereby the costs remain hidden to their institutions. Little attention has been paid to staff/student ratios (SSRs) and advice and guidance to purchasers and providers involved in education contracts. Education purchasers require AP(E)L but the absence of any realistic AP(E)L costing has meant that it is in effect an undisclosed 'efficiency saving' or value-added bonus. AP(E)L impacts on educational contracts but this has not been explored in sufficient detail to be openly addressed. The ENB has recently shown that it wishes to be involved in discussion between purchasers and providers of education in the maintenance of standards.

Similarly, at validation, questions are asked and assurances given that AP(E)L opportunities exist and that quality assurance mechanisms are in place. However, the resource issue focuses on whether AP(E)L systems are in place and staffing is sufficient to cope with potential AP(E)L demand: this skirts around the actual resource issues.

INFORMATION

- **The ENB should review the use and form of its current transcripts.**

- **HEIs should consider adopting a common transcript to facilitate credit transfer.**

- **All students should have comprehensive personalized transcripts.**

The Project highlighted the fact that credit transfer between institutions is problematic. Some of the issues regarding the inhibition of credit transfer have been raised earlier. The current ENB transcripts, particularly pre-registration programmes, only reflect the 'professional' aspects of these programmes and are somewhat anachronistic. They differ from 'academic' transcripts which, although very variable across HE, can show the breadth of the individual's learning within the new professional academic programmes. The latter can be used more readily for credit transfer purposes while the former cannot. For example, ENB transcripts show the number of practice hours spent in the clinical areas and very general content information. Unlike academic transcripts, they do not indicate the details of theoretical areas covered, for example, module titles, academic level, assessed work undertaken or the grades and credits achieved. These are important for credit transfer.

It is not suggested here that it is appropriate or necessary for the ENB to hold this level of detail or indeed to provide transcripts. This would be duplication as all students should be given transcripts from their HEIs.

However, it is important for the ENB to ensure that information systems are in place, through audit or whatever means is appropriate, which support credit transfer.

The lack of commonality of HEIs transcripts means that their quality and usefulness varies enormously. In the interests of quality and transparency, as well as credit transfer, it is necessary to have basic data as indicated before held on record which could be customised for particular use as well as used for monitoring. All students should routinely receive complete transcripts on completion of their study programme, which would be more resource-efficient for employers, educationalists and students.

- **Purchasers of professional education need to have a greater understanding of AP(E)L and curriculum issues in order to review their custom and practice regarding contracting.**

In the light of the Project findings, the need for ENB numbered awards is questionable. In a world in which employers require a flexible multi-skilled workforce, is there still a place for a 'course' or has this need been superseded by the concept of modularity and the opportunities it offers? It seems that in many cases purchasers are rather traditional in their approach to purchasing as, for example, in their widespread purchase of the ENB 998 programmes or a reluctance to purchase part time programmes. In some instances this can inhibit career progression as AP(E)L is overlooked as a means of demonstrating transferable knowledge or skills, for example, where an employee has the equivalent qualification but cannot get shortlisted for promotion without the 'right' piece of paper or supported for continuing professional education.

- **Students need to be knowledgeable and active participants in AP(E)L.**

Many students do not understand how their study programmes have been constructed. AP(E)L Co-ordinators have the task of investigating, for credit transfer purposes, the

ENB numbered awards from a variety of HEIs. This can be very tortuous and time-consuming. It may also unwittingly give the impression that 'other institutions' credit is not as acceptable or that learning must match exactly. Students can seem passive in the process: this can be due to the complexity of AP(E)L and students' lack of awareness of what is expected. There is a need to improve the quality, accuracy and ease of access to information for potential AP(E)L candidates. This is the responsibility of all stakeholders, but particularly the HEIs, nursing and midwifery educationalists within them and the ENB.

- **The ENB should consider appropriate ways to clarify misconceptions arising from developments and guidance from the UKCC and the ENB which impact upon AP(E)L.**

Students have been confused over the use of the word 'portfolio'. This confusion has been compounded when portfolio is used interchangeably with the term 'profile'. Students have come to believe that collating a portfolio of evidence, in respect of the Framework for Continuing Professional Education leading to the Higher Award, will be sufficient to gain academic credit. In reality the key characteristics are frequently subsumed and mixed within a number of modules which form compulsory and optional elements within academic programmes. Students seeking credit from programmes have to demonstrate specific (and/or general) credit relating to the individual programme within the HEI.

Therefore, it is neither possible nor desirable for the ENB to design specific measures for evidencing credit. Rather, the ENB could seek to oversee quality assurance mechanisms which are used to evidence credit within particular HEIs. This could be carried out as part of the validation process.

Similarly, the UKCC professional profile and some commercially produced portfolios compound the confusion as there is an implicit assumption that they will be universally acceptable as evidence of credit. There is overlap with the types of data required for profiles, portfolios and evidence of learning. The situation is complicated by the fact that it is the individual student's responsibility to collate and present their evidence for credit. While this responsibility is to be encouraged, students need clear and consistent advice and guidance about the activities required for professional and academic profiling. There is a need for debate to harmonize student guidance and to develop a common and accessible terminology.

The introduction of the concepts of 'specialist' and 'advanced' practitioner by the UKCC is important (PREP). These new areas of practice are signified, in part, by the recommended academic level at which the educational programmes must be delivered. These are level 3 as the minimum for specialist practitioner and postgraduate level for advanced practitioner. To date, only specialist practitioner programmes have been implemented while the concept of the advanced practitioner remains less clearly defined.

All of this has implications for HE and the way these programmes are validated. It is implicit that AP(E)L systems must be in place for them to operate. If certain HEIs have misgivings about APEL at level 3 this may become even more difficult at

Master's level. AP(E)L at postgraduate level is not well developed and this could be a focus for collaboration between credit consortia and the ENB. In addition, these terms, specialist and advanced, are already being misinterpreted by employers and students. For example, where experienced leaders consider their practice as synonymous with the advanced practitioner status they have sought Master's programmes in order to gain professional recognition. It is essential that there is clear articulation between the professional bodies and HE with regard to innovation and professional development.

MONITORING

- **The ENB should consider the role which would be appropriate for it to take in monitoring AP(E)L.**

- **HEIs have a responsibility to monitor AP(E)L and will need to devise appropriate tools to facilitate this.**

The ENB is and will continue to be involved in monitoring professional educational standards. It is important to recognise that any ENB monitoring function should be complementary to, and compatible with HE systems and developments. Audit of academic provision is the primary function of the HEQC/HEFC and HEIs are required to have in place transparent quality assurance mechanisms. Collaboration between the ENB and HEQC/HEFC (and the new single body) is essential.

The Project has shown that a collective model of good practice is emerging as an outcome of the Project. This prototype, based on the common emerging themes and the SEEC Code of Practice for AP(E)L, can be developed further. It could be used as part of the self assessment documentation to identify expertise and resources used.

Given the findings of the research and the greater integration of nursing and midwifery into HE, it is important that the ENB is influential in the HE monitoring process. This may require a less 'hands on' approaches than in the past. The ENB contribution may be within the arena of national education policy-making for professional education, while the auditing and monitoring process is an appropriate area for development within HE and HEIs. A national AP(E)L audit could identify a range of issues and outcomes such as, for example, inequities regarding access to AP(E)L and student costs.

NETWORKING

- **The ENB should encourage networks and dissemination of good practice relevant to AP(E)L activity in nursing and midwifery education.**

The Project has shown that those involved in AP(E)L see significant benefits to be gained from networking. Within HE on the whole, the complexities in nursing and midwifery education do not seem to be understood. Co-ordinators, advisers and assessors have had to 'grasp the AP(E)L nettle' often with little or no support.

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Professional educators wanted reassurance that the process was correct and that quality was being maintained. There were no tools by which to measure and compare AP(E)L activities.

Most of the information and support were gained and developed informally. In the first instance, the information sought focused on operational rather than policy issues. Those now involved in AP(E)L have built up their expertise in both operating AP(E)L and developing policy within HE. There is some evidence of dissemination of good practice between and across HE, outside of formal networks.

Networking, where it exists, particularly around policy and quality, remains active, and professional issues continue to be important as these networks have become more formal and influential. These support mechanisms are embedded in HE which is proper but they also grapple with the complexities of applying academic frameworks to professional programmes.

The ENB should encourage membership for nursing and midwifery educationalists of networks, such as the Northern Universities Consortium for Credit Accumulation and Transfer (NUCCAT) or the SEEC Health Professions Network and indeed for its officers to liaise with such groups or become associate members. The ENB might consider the publication of a model of good AP(E)L practice developed from the research which would also enhance quality and contribute to the debate concerning professional education in HE.

STUDENTS' EXPERIENCE OF AP(E)L

- **The ENB should consider the experience of students pursuing AP(E)L opportunities and particularly APEL.**

The issue of equal opportunities for students was introduced at different points in the Project. The researchers were very aware that the students interviewed were not randomly selected and that the student sample was, of necessity, fairly limited. The Project did not allow time for a profile to be collated of those who had received APEL compared with those who did not. This would be particularly useful as continuing professional development initiatives are based on the assumption that AP(E)L is accessible to all.

This warrants further investigation. It has already been noted that AP(E)L is not an easy option and this is important for future developments. There was evidence that many students embarked on the AP(E)L process but did not submit their claim. The ENB may wish to support further research to review the student experience in the light of further AP(E)L expansion.

CONCLUSION

The findings of the Project have implications for all the key stakeholders involved in the professional education of nurses and midwives. There is a particular urgency for close professional and academic liaison on the development of credit and AP(E)L policy at national and local levels, within HEIs and nursing and midwifery departments.

As the Project has made clear, nursing and midwifery education is at the forefront of AP(E)L developments in many HEIs and is shaping policy and practice. The development of AP(E)L within nursing and midwifery education has resulted in an agenda for change which will extend well beyond the timespan of this Project. The end of the Project provides an opportunity to investigate further work and action to be taken. The end is also the beginning.

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Glossary

Academic award	An award conferred by an HEI upon completion of a study programme which may or may not carry professional recognition through ENB validation.
Advisor	Person allocated to a student to provide guidance in the preparation of their AP(E)L evidence.
AP(E)L	Assessment of prior (experiential) learning.
AP(E)L Co-ordinator	Person with responsibility for co-ordinating AP(E)L activities primarily in relation to nursing and midwifery students.
AP(E)L panel	The decision-making committee that ratifies AP(E)L decisions within the whole process. This is made up of senior academic staff representing health and other fields across a faculty.
Assessment board	This is where assessment decisions are made for taught programmes or modules and include an external examiner.
Assessor	This is the person with whom responsibility rests for assessing AP(E)L evidence using methods and criteria as agreed. It is usual for this person to have knowledge or expertise of the field.
Centre	This refers to the central administration of the HEI where overall accountability lies for AP(E)L.
College	This refers to an educational establishment primarily delivering nursing and midwifery programmes prior to, during or immediately following integration with HE.
Course	This refers only to ENB courses.
Department	This is where professional nursing and midwifery programmes are managed within an HEI. This includes pre-existing nursing departments as well as newly integrated Colleges. Departments may be located within a faculty.
Faculty	A semi autonomous grouping of departments accountable to the centre.

Field	An academic/professional area of study normally associated with a subject area or programme of study, e.g. midwifery. There may be more than one field represented in a department.
Health student	A student who is undertaking either an academic award jointly validated by the ENB and HEI or an ENB course or an academic programme which primarily focuses on health.
HEI	Higher Education Institution (see also institution) which validates programmes of study and has academic responsibility for assuring the quality of these programmes.
HA	Higher Award is a undergraduate or post graduate award which may be achieved by gaining the 10 key characteristics for practice. It is achieved through the ENB's Framework for Professional Development. It is a practice-based award scheme and is usually based on a modular scheme and AP(E)L is widely used within it.
Institution	Normally this refers to the HEI where there may be a number of faculties, departments or other groupings offering programmes for students in a variety of fields. Where health programmes are delivered separately from the main HEI, i.e. at an associate college, this may also be referred to as an institution.
Module	An assessed unit of learning which is standardised across an HEI modular framework and has a consistent credit rating. It is likely that there are module learning outcomes.
Programme	A coherent package of modules leading to an award.
Programme leader	The person responsible for the management of a programme of study.
Programme of study	This is a study package leading to an award. It is likely to be modular, credit rated and be at levels 2 or 3.

SEEC AP(E)L PROJECT

An investigation into the reliability and validity of assessment strategies for the accreditation of prior learning of nurses, midwives and health visitors.

DOCUMENT TWO: ANNEXES TO THE FINAL REPORT

Prepared by Jo Skinner, Wendy Nganasurian, Susan Pike and Anne Hilton

A REPORT FOR THE ENGLISH NATIONAL BOARD FOR NURSING, MIDWIFERY AND HEALTH VISITING

BY

THE SOUTH EAST ENGLAND CONSORTIUM FOR CREDIT ACCUMULATION AND TRANSFER (SEEC)

November 1997

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INTRODUCTION

This document is intended to be used in conjunction with the main research Final Report (Document One). It contains detailed information used throughout the Project. In particular, Chapters 3 and 4 of the Final Report relate to the research instruments and results presented here. Cross references to the Annexes are made in the Final Report.

This document may be used separately from the Final Report. For example, the detailed institutional case studies in Annexe H reflect current AP(E)L practice across a range of institutions and professional programmes. These case studies arose from the research and are presented in a note form.

The SEEC Code of Practice for AP(E)L in Annexe G was developed during the life of the project. The Code was used to analyse responses arising from institutional tracking.

The reader should note that the APEL Accounts contained within Annexe E are presented in the same format as that offered to the AP(E)L co-ordinators and the spelling and grammatical errors have not been removed for purposes of presentation within this document. References within these accounts are not necessarily authentic.

A Glossary of Terms (Annexe I) is provided which is identical to that used in the Final Report.

ANNEXE A

PHASE ONE: QUESTIONNAIRE USED FOR THE MAIN SURVEY

ANNEXE A

PHASE ONE: QUESTIONNAIRE USED FOR THE MAIN SURVEY

Letter sent to Principals enclosing the Questionnaire

Dear Principal

SEEC AP(E)L Project: Commissioned and Funded by the English National Board

The English National Board has commissioned a national research project to examine issues around accreditation of prior certificated and experiential learning, AP(E)L for continuing nursing, midwifery and health visiting courses.

We would be very grateful if you could arrange for the enclosed questionnaire to be completed by the return date, i.e. 1st April 1995. We consider the most appropriate respondent would be someone with a sound knowledge of AP(E)L in continuing nursing and midwifery education, preferably with both operational and managerial responsibilities in this area.

Further details of the project are contained in the explanatory notes accompanying the questionnaire. Thank you for your co-operation.

Yours faithfully

Jo Skinner and Wendy Nganasurian
SEEC AP(E)L Project Officers

Explanatory Notes and Guidelines

This Project is an investigation into:

The Validity And Reliability Of Assessment Strategies For The Accreditation Of Prior Learning Of Nurses, Midwives And Health Visitors.

This Project is commissioned and funded by the **English National Board for Nursing, Midwifery and Health Visiting.**

The South East England Consortium for Credit Accumulation and Transfer (SEEC), a network of over 30 providers of credit-based learning, was successful in securing the bid for this two year national project. The project team has been drawn from the University of North London and Anglia Polytechnic University. The Project Directors are Sue Pike (UNL) and Professor Anne Hilton (APU) and the Project Officers are Jo Skinner (UNL) and Wendy Nganasurian (APU).

It is clear that there are similarities and differences in AP(E)L strategies both within and between the many institutions. This research is very much about *mapping development*. A key part of the study relies on a national questionnaire to all education establishments. This will inform later stages of the project where detailed tracking of processes and procedures in selected institutions will be carried out. Respondent institutions will not be referred to by name at any stage of the project, including the Final Report.

These guidelines are intended to help respondents to complete the questionnaire which is divided into five sections. Some questions have been expanded in order to reduce ambiguity and examples are given where possible. We recognise there is a problem with ambiguity of terms and a brief glossary is provided to clarify those in common use. It is not necessary to agree with these terms or definitions but to note that we have used them to formulate the questionnaire.

We consider the most appropriate respondent would be someone with a sound knowledge of AP(E)L in continuing nursing and midwifery education, preferably with both operational and managerial responsibilities in this area.

Please return your questionnaire, completed or otherwise, by ***1st April 1995*** using the SAE provided. Please send any supporting documents or guidelines which you use that may help us understand your systems and processes more fully. If you would like to speak to either of the Project Officers they can be contacted at the addresses given below.

Thank you for your co-operation.

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GLOSSARY FOR SEEC AP(E)L QUESTIONNAIRE

AP(E)L	accreditation of both certificated and non-certificated learning (including experiential learning).
APL	accreditation of prior certificated learning only.
APEL	accreditation of prior experiential learning.
Award	ENB award unless otherwise stated.
CATS	credit accumulation and transfer scheme.
Credit	an educational currency which provides a measure of the quantity of assessed learning achieved at a given level.
Continuing Education	all post-registration professional courses, modules and awards (ENB and/or academic).
CNAA	Council for National Academic Awards.
General Credit	the full number of credits attributable to specified learning outcomes or achievements.
Higher Education Institutions	includes all higher and further education institutions where continuing education courses or awards are currently validated.
Level	academic level at which a course, module or study programme corresponds to the former CNAA academic levels (unless otherwise stated).
Number of credits	the numerical value ascribed to a module, course or award (sometimes referred to as volume).
OU	the Open University.
Outcome	an identified measure of learning.
Specific credit	the proportion of the general credit which can be accepted as contributing to a specific programme.
Quality assurance	the internal mechanisms that are available to monitor the credit processes for AP(E)L.
Subsumed	used within Section 3 to indicate that you have incorporated the ENB award within a larger unit of learning, adding considerably to the learning requirements and minimum hours set out within the ENB syllabus.

SECTION 1: GENERAL INFORMATION

We recognise that the names (and nature) of former schools of nursing and midwifery education have changed considerably in recent years. The general background information contained within this section will help to contextualise information in later sections and in subsequent phases of the research project when personal contacts may be sought.

Please tick the box beside the most appropriate response/s to each question and/or provide written information as requested.

1. **Which of the following most accurately describes your education establishment at present (i.e. where the majority of continuing nursing and midwifery education is located):**

(i) College of Nursing and Midwifery [ ]
(ii) Faculty [ ]
(iii) Department [ ]
(iv) School [ ]
(v) Unsure [ ]
(vi) Other [ ]

If other, please specify:

2. **Please give the full name and address of the above including name of department, faculty or higher education institution as appropriate.**

Name: ....
Address: ....
....
Tel. No.: .... Fax No.: ....

3. **In your education establishment are there any other departments or places in which nursing or midwifery education is located e.g. health visiting?**

Yes [ ] No [ ] Unsure [ ]

4. **If yes, please give the full name and address/es.**

Name: ....
Address: ....
....
Tel. No.: .... Fax No.: ....

Name: ....
Address: ....
....
Tel. No.: .... Fax No.: ....

5. Is the named educational establishment cited in Question 2 linked to any higher education institution/s?

Yes [ ]   No [ ]   Unsure [ ]

If NO, go to question 8.

6. Please name all higher education institutions with which your educational establishment is linked, indicating the nature of the link as follows:

F = fully integrated   A = associate college   O = other   U = unsure

Link 1: ....   Link 2: ....   Link 3: ....

7. If known, please identify who is responsible for quality assurance regarding AP(E)L in your main Higher Education Institution.

Name: ....
Title: ....
Address: ....
....
Tel. No.: ....   Fax No.: ....

8. Who is the overall professional head for nursing and midwifery education e.g. College Principal or equivalent?

Name: ....
Title: ....
Address: ....
....
Tel. No.: ....   Fax No.: ....

9. Who has overall managerial responsibility for AP(E)L in continuing nursing and midwifery education e.g. AP(E)L Co-ordinator?

Name: ....
Title: ....
Address: ....
....
Tel. No.: ....   Fax No.: ....

10. Please give your details if different from above.

Name: ....
Title: ....
Address: ....
....
Tel. No.: ....   Fax No.: ....

		YES	NO	UNSURE
11.	The theoretical elements of all continuing education nursing and midwifery awards offered by your institution are delivered on one site/ campus.	☐	☐	☐
	Most of the staff primarily involved in teaching nursing and midwifery awards:			
12.	also teach students from other disciplines.	☐	☐	☐
13.	work from offices located on a site where most students are completing nursing, midwifery or health visiting awards.	☐	☐	☐

SECTION 2: CREDIT ACCUMULATION AND TRANSFER SCHEMES (CATS)

This section seeks to map out factors which have shaped the development of credit-based learning. Please tick the most appropriate response/s to each question or provide written information as requested. It will help us code your responses if you would ensure that each numbered question has a tick in either the 'yes', 'no' or 'unsure' box wherever these are provided.

		YES	NO	UNSURE
14.	**A credit accumulation and transfer scheme operates in your educational establishment.**	☐	☐	☐

If NO, go to Section 3.

15. **Your credit accumulation and transfer scheme is:**

(i)	Identical to your **main** Higher Education link.	☐
(ii)	Identical to **another** Higher Education link.	☐
(iii)	Modified but based on Higher Education link.	☐
(iv)	Substantially different to Higher Education link.	☐
(v)	Individually designed for professional courses.	☐
(vi)	Other.	☐

If other, please specify:

		YES	NO	UNSURE
16.	**The credit accumulation and transfer scheme extends to all continuing nursing and midwifery courses.**	☐	☐	☐
17.	**You had to develop your own credit systems for professional courses.**	☐	☐	☐

If NO, go to Question 22.
If YES, this was because:-

		YES	NO	UNSURE
18.	**There was no developed system to draw upon within the Higher Education Institution.**	☐	☐	☐
19.	**The existing Higher Education Institution/s system did not address the issues affecting professional study programmes.**	☐	☐	☐
20.	**The staff development issues required a particular approach.**	☐	☐	☐
21.	**Other**	☐	☐	☐

If other, please specify:

22. Your CATS system is based on the following:

(i) CNAA ☐
(ii) OU ☐
(iii) Further Education ☐
(iv) Unsure ☐
(v) Other ☐

If other, please specify:

23. How many total credits are allocated per academic year based on a full-time student?

(i) 30 ☐
(ii) 120 ☐
(iii) Unsure ☐
(iv) Other ☐

If other, please specify:

24. How many notional student committed learning hours per f/t academic year?

(i) 900 ☐
(ii) 1200 ☐
(iii) 1800 ☐
(iv) Unsure ☐
(v) Other ☐

If other, please specify

25. Which academic levels does your CATS system recognise at Higher Education level?

(i) Level 1, 2 ☐
(ii) Level 1, 3 ☐
(iii) Level 1, 2, 3 ☐
(iv) Level 1, 3, 4(M) ☐
(v) Level 1, 2, 3, 4(M) ☐
(vi) Other ☐

If other, please specify:

26. **How does your educational establishment determine levels?**

(i)	CNAA i.e. Level 1 = first year undergraduate level 2 = second year etc.	☐
(ii)	Higher Education Institution criteria	☐
(iii)	Unsure	☐
(iv)	Other	☐

If other, please specify:

		YES	NO	UNSURE
27.	**There is a maximum amount of credit which can be AP(E)Led within courses, e.g. 50%.**	☐	☐	☐
	If YES, how much? (please express in %)			
28.	**There are common AP(E)L processes used for all continuing nursing and midwifery courses.**	☐	☐	☐
29.	**Quality assurance mechanisms are able to monitor consistency and comparability in AP(E)L within your education establishment.**	☐	☐	☐
	If YES, these mechanisms include:-			
30.	**faculty/department committee for nursing and midwifery only.**	☐	☐	☐
31.	**faculty/department committee for a range of courses.**	☐	☐	☐
32.	**recommendations from professional staff.**	☐	☐	☐
33.	**assessment boards for professional courses.**	☐	☐	☐
34.	**established institutional tariffs.**	☐	☐	☐
35.	**approval by external examiners.**	☐	☐	☐
36.	**other, e.g. central database.**	☐	☐	☐
	If other, please specify:			
37.	**Market forces have been known to influence judgements regarding number and/or level of credit in developing courses.**	☐	☐	☐

If NO, go to Question 40.

38. **This market forces pressure has occurred in:**

(i)	professional courses in your educational establishment	[ ]
(ii)	professional courses in other educational establishments	[ ]
(iii)	other courses in your educational establishment	[ ]
(iv)	other courses in other educational establishments	[ ]
(v)	other	[ ]

If other, please specify:

39. **If possible, please give a specific example in relation to Question 38.** (Do not name any individual institution).

....

....

....

....

40. **Please list the awards (both professional and academic) offered by your educational establishment to which nursing and midwifery qualifications and experience may contribute as relevant prior learning e.g. Higher Awards, B.Sc. (Hons.) Health Studies.**

....

....

....

....

SECTION 3: ENB AWARDS

This section focuses on a cross-section of ENB awards since it would not be possible to cover the full range. The information will help us understand AP(E)L in the context of the educational establishment in which you work. If you do not offer any ENB awards please go to Section 4.

41. *Please tick or write in the columns provided:*

A *to indicate which of these ENB awards are offered by your educational establishment.*

B *the number of credits achieved upon completion of the award.*

C *the academic levels.*

D *if the ENB syllabus has been subsumed within a larger unit/module/course of learning which has extended the basic syllabus requirements. (See Glossary).*

ENB Award	A (offered)	B (credits)	C (level/s)	D (subsumed)
Higher Award				
997/998 (Teaching/Assessing)				
100 (General ITU)				
870 (Research)				
812 (Com. Mental Health)				
931 (Care of Dying)				

	YES	NO	UNSURE
42. **All ENB numbered awards offered by your institution are credit-rated.**	☐	☐	☐
43. **All the credit-rated ENB numbered awards offered by your institution are validated by the same academic validating body/institution.**	☐	☐	☐

44. **The following academic levels are available within your continuing education ENB nursing and midwifery courses.**

(i) Level 1, 2 ☐
(ii) Level 1, 3 ☐
(iii) Level 1, 2, 3 ☐
(iv) Level 1, 3, 4(M) ☐
(v) Level 1, 2, 3, 4(M) ☐
(vi) Other ☐

45. It is possible for students wishing to register for an award in your institution to be accredited in relation to any/all of the following:

(i) Certificated learning completed within the last 5 years. [ ]
(ii) Certificated learning completed more than 5 years ago. [ ]
(iii) Uncertificated and experiential learning. [ ]
(iv) All of the above. [ ]
(v) None of the above [ ]

If you do not offer the ENB Higher Award go to Section 4.

46. How long has your ENB Higher Award been validated?

(i) less than one year [ ]
(ii) between one and three years [ ]
(iii) between three and five years [ ]
(iv) more than five years [ ]

47. How many students are currently indexed for the Higher Award?

(i) less than 50 [ ]
(ii) between 50 and 100 [ ]
(iii) more than 100 [ ]

48. How many students in total have graduated with the Higher Award since it was validated in your education institution?

(i) none yet [ ]
(ii) less than 20 [ ]
(iii) between 20 and 50 [ ]
(iv) more than 50 [ ]

49. Is your Higher Award a BA or BSc? ....

50. Who is responsible for the ENB Higher Award in your education institution, e.g. Course Leader/Course Scheme Director?

Name: ....
Address: ....
....
Tel. No.: .... Fax. No: ....

SECTION 4: APL/APEL PROCESSES, PROCEDURES AND PRACTICES

There are various processes, procedures and practices used to accredit prior learning (APL) and experiential learning (APEL) in nursing, midwifery and health visiting. This section aims to elicit information about this diversity and to enable us to identify common practices. The section is divided into two subsections, i.e. ***4a refers to APL and 4b refers to APEL.*** *Please refer to the glossary if necessary. There is some repetition since it is necessary to identify similar and different processes for both types of accreditation. Please tick the box below the most appropriate response and/or provide a written statement as requested.*

SECTION 4a - APL *(If you do not offer APL go to Section 4b)*

Continuing education nursing and midwifery students who apply for courses in your educational establishment are usually:-

		YES	NO	UNSURE
51.	**made aware of the opportunity to seek APL.**	☐	☐	☐
52.	**given written information about APL.**	☐	☐	☐
53.	**charged a fee for APL (£........................)**	☐	☐	☐
54.	**given an early informal indication of the probable outcome of their claim.**	☐	☐	☐
55.	**required to present documentary evidence.**	☐	☐	☐
56.	**required to undergo a viva in addition to submitting documentary evidence.**	☐	☐	☐
57.	**required to undergo a viva.**	☐	☐	☐

Assessment of APL claims is normally carried out by a person who has:

		YES	NO	UNSURE
58.	**the power to make admission decisions.**	☐	☐	☐
59.	**expert knowledge of the subject area/s covered by the certificate/s.**	☐	☐	☐
60.	**some knowledge of the subject area/s covered by the certificate/s.**	☐	☐	☐
61.	**knowledge of the subject area/s covered by the intended/admitting programme of study.**	☐	☐	☐
62.	**received written guidelines on assessing prior learning.**	☐	☐	☐
63.	**involvement in assessing APEL claims.**	☐	☐	☐

		YES	NO	UNSURE
64.	received preparatory staff development.	☐	☐	☐
65.	the level and number of credits awarded for APL is normally based upon pre-determined criteria.	☐	☐	☐

If NO, go to Question 75.
If YES, these criteria include:

		YES	NO	UNSURE
66.	the date of the certificate.	☐	☐	☐
67.	relevance to the intended study programme.	☐	☐	☐
68.	the outcomes evidenced through possession of the certificate.	☐	☐	☐
69.	the length of the course leading to the certificate.	☐	☐	☐
70.	the level and number of credits awarded by the original institution for the certificate.	☐	☐	☐
71.	notional learning time required to achieve the outcomes.	☐	☐	☐
72.	evidenced learning matches outcomes of the same certificate in your institution.	☐	☐	☐
73.	the contribution of experience and other educational updates to the original learning achieved within the certificated course.	☐	☐	☐
74.	other.	☐	☐	☐

If other, please specify:

		YES	NO	UNSURE
75.	Your institution distinguishes between general and specific credit.	☐	☐	☐

If NO, go to Question 79

76. Who is responsible for maintaining a record of general and specific credit-ratings recognised by your institution?

77. **Where no general or specific credit has been identified who is responsible for making this decision?**

....

....

78. **Please indicate below which of the above criteria (Question 66 - 74) relate to General Credit and which to Specific Credit (see glossary) by writing 67, 68, 69 etc. as appropriate, next to the words General and Specific.**

(i) General Credit: ....

(ii) Specific Credit: ....

		YES	NO	UNSURE
79.	**The student is normally notified of the final APL decision.**	[ ]	[ ]	[ ]

If NO, go to Question 86
If YES, please indicate when and how:

		YES	NO	UNSURE
80.	**when the responsible person has made a decision based upon his/her judgement in relation to this individual case.**	[ ]	[ ]	[ ]
81.	**when the responsible person has made a decision based upon reference to an agreed tariff or equivalent.**	[ ]	[ ]	[ ]
82.	**only when the decision has been ratified by a committee.**	[ ]	[ ]	[ ]
83.	**verbally.**	[ ]	[ ]	[ ]
84.	**in writing.**	[ ]	[ ]	[ ]
85.	**other.**	[ ]	[ ]	[ ]

If other, please specify:

		YES	NO	UNSURE
86.	**The student is able to appeal against the final decision.**	[ ]	[ ]	[ ]

SECTION 4b - APEL *(If you do not offer APEL please go to Section 5.)*

Students who apply for continuing education nursing and midwifery courses in your establishment are usually:

		YES	NO	UNSURE
87.	**made aware of the opportunity to benefit from APEL.**	☐	☐	☐
88.	**given written information about APEL.**	☐	☐	☐
89.	**allocated to work with a named adviser.**	☐	☐	☐
90.	**able to meet face to face with their adviser when preparing their claim.**	☐	☐	☐
91.	**charged a fee for APEL (£......................)**	☐	☐	☐
92.	**offered the opportunity to join an APEL module or equivalent.**	☐	☐	☐
93.	**given an early indication of the likely outcome of their claim.**	☐	☐	☐

During the process of preparing their claim the student will normally be advised to use the following strategies:

		YES	NO	UNSURE
94.	**indicate the level and number of credits s/he is expecting to achieve.**	☐	☐	☐
95.	**match outcomes as achieved through experience with those shown in validated modules within existing courses/programmes.**	☐	☐	☐
96.	**demonstrate explicitly the outcomes which resulted from particular experiences.**	☐	☐	☐
97.	**identify outcomes unique to his/her own learning experiences.**	☐	☐	☐
98.	**submit a documentary record of achievement e.g. portfolio.**	☐	☐	☐
99.	**undergo a viva in addition to submitting documentary evidence.**	☐	☐	☐
100.	**opt for viva as an alternative to a written record.**	☐	☐	☐
101.	**opt to sit the assessment normally undertaken at the end of a particular taught module to achieve the credits associated with it.**	☐	☐	☐

		YES	NO	UNSURE
102.	**support documentary evidence of practice with a written commentary or explanatory narrative.**	☐	☐	☐

Assessment of APEL claims is usually carried out by a person who has:

103.	**not been involved in helping the particular student preparing his/her claim on this occasion.**	☐	☐	☐
104.	**expert knowledge of subject area/s within the claim.**	☐	☐	☐
105.	**knowledge of the subject area/s within the claim.**	☐	☐	☐
106.	**experience in assessing course-work covering similar learning submitted by non-APEL students.**	☐	☐	☐
107.	**received preparatory staff development.**	☐	☐	☐
108.	**received written guidelines on assessing prior experiential learning.**	☐	☐	☐
109.	**received structured/formal training as preparation for assessing APEL claims.**	☐	☐	☐
110.	**the power to make a recommendation which is then ratified by a committee.**	☐	☐	☐
111.	**other.**	☐	☐	☐

If other, please specify:

112.	**APEL assessment decisions are normally based upon pre-determined criteria.**	☐	☐	☐

If NO, go to Question 124
If YES, these criteria include:-

113.	**recency of learning.**	☐	☐	☐
114.	**relevance to the intended study programme.**	☐	☐	☐
115.	**the outcomes achieved through experience.**	☐	☐	☐
116.	**the length of the experience.**	☐	☐	☐
117.	**the length of experience as a qualified practitioner.**	☐	☐	☐

		YES	NO	UNSURE
118.	**evidence of innovative and developmental practice.**	☐	☐	☐
119.	**explicit progression along the novice to expert continuum.**	☐	☐	☐
120.	**calculation of notional learning time required to achieve the outcomes.**	☐	☐	☐
121.	**evidenced learning matches outcomes of validated modules within the receiving institution.**	☐	☐	☐
122.	**criteria similar to that used in marking non-APEL assessments.**	☐	☐	☐
123.	**other.**	☐	☐	☐

If other, please specify:

124. **Please indicate below which of the above criteria (Questions 113-123) relate to General Credit and which to Specific Credit (see Glossary) by writing 113, 118, etc. as appropriate, next to the words General and Specific.**

(i) General Credit: ....

(ii) Specific Credit: ....

The student is normally:

		YES	NO	UNSURE
125.	**permitted to resubmit his/her claim if it is unsuccessful at the first attempt.**	☐	☐	☐
126.	**permitted to appeal against a decision.**	☐	☐	☐
127.	**awarded a mark for the APEL e.g. a grade or percentage.**	☐	☐	☐
128.	**notified of the final decision only when it has been ratified by a committee.**	☐	☐	☐
129.	**informed in writing of the final decision regarding the outcome of his/her claim.**	☐	☐	☐

SECTION 5: ILLUSTRATIVE EXAMPLES

This section gives respondents the opportunity to provide examples of how AP(E)L would work within their educational establishment. If you do not offer APL/APEL please go to the final page.

Please consider the two examples shown below and answer the questions in relation to them. If you offer the ENB Higher Award please assume that the applicants are wishing to index/register for this award. If you do not, please give your responses in relation to an award (please specify) which would enable the applicants to import their prior learning as shown below.

Full title of award against which you have accredited prior learning:

....

EXAMPLE ONE

Laura Brown is an F grade staff nurse working in an acute care area since qualifying in 1988 as an RGN (Part 1) and an RM in 1990. Before leaving her previous employer she completed ENB 998 (Teaching and Assessing) in 1993 at the Dowell College of Nursing. The course was not credit-rated at the time of completion.

1. **How much credit would you offer for Laura's RGN?**

   ....

2. **How much credit would you offer for Laura's RM?**

   ....

3. **Please give a very brief account of how you would determine the *number* of credits to offer for Laura's ENB 998?**

   ....

   ....

4. **How would you determine the *level* of credit associated with Laura's ENB 998?**

   ....

   ....

	YES	NO	UNSURE
5. **Is this the same *number* of credits which students would achieve for the ENB 998 in your institution?**	☐	☐	☐
6. **Is this the same *level* of credit which students would achieve for the ENB 998 in your institution**	☐	☐	☐

EXAMPLE TWO

John is an RMN (1979) and has been working in various roles within mental health care since then. He completed the ENB 931 (Care of the Dying) in 1984 which was not credit-rated at the time. He has completed ENB 998 in 1993 in Bloggs College which is linked to Cognit University which has credit-rated the certificate at 15 level 2.

1. **How much credit will you offer John for his ENB 998?**

   ....

	YES	NO	UNSURE
2. **Would you offer John credit for the ENB 931?**	[ ]	[ ]	[ ]

3. **How would you determine the number and level of credits for ENB 931?**

   ....

   ....

Please use the space below to provide us with any other information which you feel would help us understand your processes, procedures and practices in relation to both APL and APEL. Please attach additional sheets if the space provided is insufficient.

Are there any important issues or concerns that you would like to draw to our attention with regard to AP(E)L?

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. The project is due for completion in 1996 when a final report will be made available. **If you would be happy to be selected for the second phase of this project which involves direct contact and tracking within educational establishments please tick this box. [ ]**

Please return the questionnaire in the pre-paid envelope to the address shown:

Jo Skinner/Wendy Nganasurian
c/o The SEEC Office
Anglia Polytechnic University
Merrymeade House
Sawyers Hall Lane
Brentwood
CM15 9BT

ANNEXE B

PHASE ONE: RESULTS OF PILOT STUDY

ANNEXE B

PHASE ONE: RESULTS OF PILOT STUDY

Explanatory Note:

The data presented below is derived from the following: (i) pilot sample N = 9; (ii) response rate 100 per cent; (iii) final usable responses from which extracted (N = 9); (iv) percentages reflect yes, no and unsure responses only. Where the response space for an item was left blank, or where the response could not be easily interpreted and coded, this data has been omitted. To ensure confidentiality, responses which identified the respondent/institution are omitted.

SECTION 1: GENERAL INSTITUTIONAL INFORMATION

1. **Description/title of educational establishment included in survey:**

(1)	College of Nursing and Midwifery	[11.11]
(2)	Department	[11.11]
(3)	School	[33.33]
(4)	Faculty	[11.11]
(5)	School/Faculty	[11.11]
(6)	Other	[11.11]

2. **Data omitted for reasons of confidentiality.**

3. **In your educational establishment are there any other departments or places in which nursing or midwifery education is located e.g. health visiting?**

Yes	[22.22]
No	[77.78]

4. **Data omitted for reasons of confidentiality.**

5. **Is your educational establishment linked to any higher education institution/s?** (This includes establishments which are, themselves, an integral part of the higher education institution.)

Yes	[100]

6. **Nature of the relationship with higher education link:**

Fully integrated	[77.78]
Associate	[11.11]
Multiple partners	[11.11]

7. }
}
8. }
} **Data omitted for reasons of confidentiality.**
9. }
}
10. }

11. **The theoretical elements of all continuing education nursing and midwifery awards offered by your institution are delivered on one site/campus.**

Yes	[22.22]
No	[77.78]

12. **Most of the staff primarily involved in teaching on nursing and midwifery awards also teach students from other disciplines.**

Yes	[77.78]
No	[11.11]
Unsure	[11.11]

13. **Most of the staff primarily involved in teaching on nursing and midwifery awards work from offices located on a site where most students are completing nursing, midwifery or health visiting awards.**

Yes	[77.78]
No	[22.22]

SECTION 2: CREDIT ACCUMULATION AND TRANSFER SCHEMES (CATS)

14. A credit accumulation and transfer scheme operates in your educational establishment.

Yes [100]

15.-20. Your credit accumulation and transfer scheme is:

Identical to your main Higher Education link [55.55]
Modified but based on Higher Education link [33.33]
Individually designed for professional courses [11.11]
Other [11.11]

21. The credit accumulation and transfer scheme extends to all continuing nursing and midwifery courses.

Yes [77.78]
No [22.22]

22. You had to develop your own credit systems for professional courses.

Yes [33.33]
No [55.55]

23-26. Those who had to develop their own credit systems (N = 3) did so because:

(a) there was no developed system to draw upon within the Higher Education Institution.

Yes [66.67]

(b) the existing Higher Education Institution/s system did not address the issues affecting professional study programmes.

Yes [66.67]

(c) the staff development issues required a particular approach.

Yes [66.67]

27. Your CATS system is based on the following:-

CNAA [88.89]
Other [11.11]

28. Number of total credits allocated per academic year based on a full-time student.

120 [88.89]
Other [11.11]

29. Notional student committed learning hours per F/T academic year.

900	[22.22]
1200	[11.11]
Unsure	[33.33]
Other	[33.33]

30. Academic levels of CATS system within the higher education institution.

Level 2, 3, 4	[11.11]
Level 4	[11.11]
Level 1, 2, 3	[11.11]
Level 1, 2, 3, 4(M)	[66.67]

31. Criteria for determining levels.

CNAA	[100]

32. There is a maximum amount of credit which can be AP(E)Led within courses.

Yes	[88.89]
No	[11.11]

33. There are common AP(E)L processes used for all continuing nursing and midwifery courses.

Yes	[100]

34. Quality assurance mechanisms are able to monitor consistency and comparability in AP(E)L within your education establishment.

Yes	[77.78]
Unsure	[11.11]

35-41. Mechanisms to monitor quality include:

(a) faculty/dept. committees for nursing and midwifery only

Yes	[33.33]

(b) faculty/dept. committee for a range of courses

Yes	[66.67]

(c) recommendations from professional staff

Yes	[55.55]

(d) assessment boards for professional courses

Yes	[55.55]

(e) established institutional tariffs

Yes	[55.55]

(f) approval by external examiners

Yes [44.44]

(g) other e.g. central database

Yes [22.22]

42. **Market forces have been known to influence judgements regarding number and/or level of credit in developing courses.**

Yes	[22.22]
No	[55.55]
Unsure	[22.22]

43. **Where market forces pressure was thought to have occurred (N = 2) it has been in:**

(a)	professional courses in your educational establishment	[100]
(b)	professional courses in other educational establishments	[100]
(c)	other	[50]

44. **Responses omitted for reasons of confidentiality.**

45. **Responses covered a range of award titles at various academic levels.**

SECTION 3: ENB AWARDS

46. **Data illustrates the varying volume and level of credit for the same ENB numbered award.**

47. **All ENB numbered awards offered by your institution are credit-rated.**

Yes	[77.78]
No	[11.11]

48. **All the credit-rated ENB numbered awards offered by your institution are validated by the same academic validating body/institution.**

Yes	[88.89]

49. **The following academic levels are available within your continuing education ENB nursing and midwifery courses:-**

Level 2, 3	[22.22]
Level 2, 3, 4	[11.11]
Level 1, 2, 3	[22.22]
Level l, 2, 3, 4(M)	[22.22]

50. **It is possible for students wishing to register for an award in your institution to be accredited in relation to:**

(a)	only certificated learning completed within the last 5 years.	[11.11]
(b)	certificated learning completed within the last 5 years and uncertificated and experiential learning.	[22.22]
(c)	certificated learning completed within the last 5 years, certificated learning completed more than 5 years ago, uncertificated and experiential learning.	[55.55]

SECTION 4: APL/APEL PROCESSES, PROCEDURES AND PRACTICES

SECTION 4a: APL

51-57. Continuing education nursing and midwifery students who apply for courses in your educational establishment are usually:

(a) made aware of the opportunity to seek APL

Yes	[100]

(b) given written information about APL

Yes	[77.78]
No	[11.11]
Unsure	[11.11]

(c) charged a fee for APL

Yes	[55.55]
No	[33.33]
Unsure	[11.11]

(d) given an early informal indication of the probable outcome of their claim

Yes	[88.89]
No	[11.11]

(e) required to present documentary evidence

Yes	[88.89]
Unsure	[11.11]

(f) required to undergo a viva in addition to submitting documentary evidence

Yes	[11.11]
No	[44.44]
Unsure	[22.22]

(g) required to undergo a viva

Yes	[11.11]
No	[44.44]
Unsure	[22.22]

58-64. Assessment of APL claims is normally carried out by a person who has:

(a) the power to make admission decisions

Yes	[55.55]
No	[44.44]

(b) expert knowledge of the subject area/s covered by the certificate/s

Yes	[55.55]
No	[11.11]
Unsure	[11.11]

(c) some knowledge of the subject area/s covered by the certificate/s

Yes	[88.89]
No	[11.11]

(d) knowledge of the subject area/s covered by the intended/admitting programme of study

Yes	[100]

(e) received written guidelines on assessing prior learning

Yes	[66.67]
No	[22.22]

(f) involvement in assessing APEL claims

Yes	[88.89]
No	[11.11]

(g) received preparatory staff development

Yes	[77.78]
No	[11.11]
Unsure	[11.11]

65. The level and number of credits awarded for APL is normally based upon pre-determined criteria.

Yes	[88.89]
No	[11.11]

66-74. Where these criteria exist (N = 8), they include:

(a) the date of the certificate

Yes	[100]

(b) relevance to the intended study programme

Yes	[100]

(c) the outcomes evidenced through possession of the certificate

Yes	[100]

(d) the length of the course leading to the certificate

Yes	[75]
No	[12.5]

(e) the level and number of credits awarded by the original institution for the certificate.

Yes	[87.5]

(f) notional learning time required to achieve the outcomes

Yes	[87.5]
No	[12.5]

(g) evidenced learning matches outcomes of the same certificate in your institution.

Yes	[87.5]
No	[12.5]

(h) the contribution of experience and other educational updates to the original learning achieved within the certificated course

Yes	[100]

75. Your institution distinguishes between general and specific credit.

Yes	[100]

76. Responses reflect diversity of arrangements for maintaining records.

77. Responses reflect diversity of decision making arrangements.

78. Differentiation between general and specific credit.

79. The student is normally notified of the final APL decision.

Yes	[100]

80-85. Students are normally notified of the final APL decision:-

(a) when the responsible person has made a decision based upon his/her judgement in relation to this individual case.

Yes	[22.22]
No	[66.67]

(b) when the responsible person has made a decision based upon reference to an agreed tariff or equivalent.

Yes	[11.11]
No	[77.78]

(c) when the decision has been ratified by a committee.

Yes [88.89]

(d) verbally

Yes [33.33]
No [44.44]

(e) in writing

Yes [100]

86. The student is able to appeal against the final decision.

Yes [77.78]
Unsure [22.22]

SECTION 4b - APEL

87-93. Students who apply for continuing education nursing and midwifery courses in your establishment are usually:

(a) made aware of the opportunity to benefit from APEL

Yes [100]

(b) given written information about APEL

Yes [77.78]
No [11.11]
Unsure [11.11]

(c) allocated to work with a named adviser

Yes [88.89]
No [11.11]

(d) able to meet face-to-face with their adviser when preparing their claim

Yes [88.89]
No [11.11]

(e) charged a fee for APEL

Yes [55.55]
No [33.33]
Unsure [11.11]

(f) offered the opportunity to join an APEL module or equivalent

Yes [66.67]
No [33.33]

(g) given an early indication of the likely outcome of their claim

Yes	[77.78]
No	[22.22]

94.- 102. **During the process of preparing their claim the student will normally be advised to use the following strategies:**

(a) indicate the level and number of credits s/he is expecting to achieve

Yes	[77.78]
No	[11.11]

(b) match outcomes to those shown in validated modules within existing course/programmes

Yes	[88.89]
No	[11.11]

(c) demonstrate explicitly the outcomes which resulted from particular experiences

Yes	[100]

(d) identify outcomes unique to his/her own learning experiences

Yes	[88.89]
No	[11.11]

(e) submit a documentary record of achievement e.g. portfolio

Yes	[100]

(f) undergo a viva in addition to submitting documentary evidence

Yes	[33.33]
No	[22.22]
Unsure	[22.22]

(g) opt for viva as an alternative to a written record

Yes	[22.22]
No	[55.55]
Unsure	[11.11]

(h) opt to sit the assessment normally undertaken at the end of a particular taught module to achieve the credits associated with it

Yes	[33.33]
No	[44.44]
Unsure	[11.11]

(i) support documentary evidence of practice with a written commentary or explanatory narrative.

Yes	[77.78]
No	[11.11]

103-111. **Assessment of APEL claims is usually carried out by a person who has:**

(a) not been involved in helping the particular student preparing his/her claim on this occasion

Yes	[77.78]
No	[11.11]
Unsure	[11.11]

(b) expert knowledge of subject area/s within the claim

Yes	[77.78]
No	[11.11]
Unsure	[11.11]

(c) knowledge of the subject area/s within the claim

Yes	[88.89]
Unsure	[11.11]

(d) experience in assessing course-work covering similar learning submitted by non-APEL students

Yes	[88.89]
Unsure	[11.11]

(e) received preparatory staff development

Yes	[88.89]
Unsure	[11.11]

(f) received written guidelines on assessing prior experiential learning

Yes	[77.78]
Unsure	[11.11]

(g) received structured/formal training as preparation for assessing APEL claims

Yes	[77.78]
No	[11.11]

(h) the power to make a recommendation which is then ratified by a committee

Yes	[66.67]
No	[11.11]

(i) other

Unsure	[11.11]

112. APEL assessment decisions are normally based upon pre-determined criteria.

Yes	[66.67]
No	[22.22]
Unsure	[11.11]

113-123. In those institutions where these criteria or, where the respondent was unsure, (N = 7) they include:

(a) recency of learning

Yes	[100]

(b) relevance to the intended study programme

Yes	[100]

(c) the outcomes achieved through experience

Yes	[100]

(d) the length of the experience

Yes	[85.71]
No	[14.28]

(e) the length of experience as a qualified practitioner

Yes	[57.14]
No	[42.86]

(f) evidence of innovative and developmental practice

Yes	[100]

(g) explicit progression along the novice to expert continuum

Yes	[57.14]
No	[42.86]

(h) calculation of notional learning time required to achieve the outcomes

Yes	[57.14]
No	[42.86]

(i) evidenced learning matches outcomes of validated modules within the receiving institution

Yes	[100]

(j) criteria similar to that used in marking non-APEL assessments.

Yes	[85.71]

124. Criteria for determining general and specific credit.

For most institutions all the criteria were used for both general and specific credit.

125-129. The student is normally:

(a) permitted to resubmit his/her claim if it is unsuccessful at the first attempt.

Yes	[77.78]
Unsure	[22.22]

(b) permitted to appeal against a decision.

Yes	[88.89]
Unsure	[11.11]

(c) awarded a mark for the APEL e.g. a grade or percentage.

Yes	[22.22]
No	[66.66]
Unsure	[11.11]

(d) notified of the final decision only when it has been ratified by a committee.

Yes	[88.89]
Unsure	[11.11]

(e) informed in writing of the final decision regarding the outcome of his/her claim.

Yes	[88.89]
Unsure	[11.11]

ANNEXE C

PHASE ONE: RESULTS OF THE MAIN SURVEY

ANNEXE C

PHASE ONE: RESULTS OF THE MAIN SURVEY

SECTION 1: GENERAL INSTITUTIONAL INFORMATION

1. Description/title of educational establishment included in survey:

(1)	College of Nursing and Midwifery	[45.7]
(2)	Department	[19.6]
(3)	School	[17.4]
(4)	Faculty	[8.7]
(5)	Unsure	[2.2]
(6)	Other	[6.5]

(valid cases: 46 missing cases: 1)

2. Data omitted for reasons of confidentiality.

3. In your educational establishment are there any other departments or places in which nursing or midwifery education is located e.g. health visiting?

Yes	[26]
No	[72]
No response	[2]

4. Data omitted for reasons of confidentiality.

5. Is your educational establishment linked to any higher education institution/s? (This includes establishments which are, themselves, an integral part of the higher education institution.)

Yes	[96]
No	[2]
No response	[2]

6. Nature of the relationship of those institutions with higher education link:

Fully integrated	[40.9]
Associate	[11.4]
Multiple partners	[43.2]
No Response	[4.5]

(valid cases: 44 missing cases: 3)

7. 55.55% knew the name of the person responsible for QA/AP(E)L in the HE institution.

8. Data omitted for reasons of confidentiality.

9. **95.55% provided the name of an individual who was responsible for QA/AP(E)L in respect of nursing, midwifery and health visiting.**

10. **Data omitted for reasons of confidentiality.**

11. **The theoretical elements of all continuing education nursing and midwifery awards offered by your institution are delivered on one site/campus.**

Yes	[35]
No	[63]
No response	[2]

12. **Most of the staff primarily involved in teaching on nursing and midwifery awards also teach students from other disciplines.**

Yes	[43]
No	[46]
Unsure	[4]
No response	[7]

13. **Most of the staff primarily involved in teaching on nursing and midwifery awards work from offices located on a site where most students are completing nursing, midwifery or health visiting awards.**

Yes	[84]
No	[12]
Unsure	[2]
No response	[2]

SECTION 2: CREDIT ACCUMULATION AND TRANSFER SCHEMES (CATS)

14. A credit accumulation and transfer scheme operates in your educational establishment.

Yes	[96]
No	[4]

15. Your credit accumulation and transfer scheme is:

Identical to your *main* Higher Education link	[52.2]
Identical to *another* Higher Education link	[2.2]
Modified but based on Higher Education link	[13]
Substantially different from Higher Education link	[2.2]
Individually designed for professional courses	[13]
Other	[13]
No response	[6.5]

(valid cases: 46 missing cases: 1)

16. The credit accumulation and transfer scheme extends to all continuing nursing and midwifery courses.

Yes	[76]
No	[18]
Unsure	[2]
No response	[4]

17. You had to develop your own credit systems for professional courses.

Yes	[43]
No	[48]
No response	[9]

18-21. Those who had to develop their own credit systems indicated that the reasons they had done this included the fact that:

(a) there was no developed system to draw upon within the Higher Education Institution.

Yes	[22]
No	[13]
No response	[65]

(b) the existing Higher Education Institution/s system did not address the issues affecting professional study programmes.

Yes	[20]
No	[7]
No response	[74]

(c) the staff development issues required a particular approach

Yes	[24]
No	[4]
No response	[72]

(d) for other reasons

Yes	[7]
No	[4]
No response	[89]

22. Your CATS system is based on the following:-

CNAA	[69.6]
Further Education	[4.3]
Other	[8.7]
No response	[8.7]

(valid cases: 46 missing cases: 1)

23. Number of total credits allocated per academic year based on a full-time student.

30	[4.3]
120	[76.1]
Other	[13]
No response	[6.5]

(valid cases: 46 missing cases: 1)

24. Notional student committed learning hours per F/T academic year.

900	[22.7]
1200	[15.9]
Unsure	[25]
Other	[25]
No response	[11.4]

(valid cases: 44 missing cases: 3)

25. Academic levels of CATS system within the higher education institution.

Level 1, 2	[8.7]
Level 1, 2, 3	[32.6]
Level 1, 3, 4(M)	[8.7]
Level l, 2, 3, 4(M)	[41.3]
Other	[4.3]
No response	[4.3]

(valid cases: 46 missing cases: 1)

26. Criteria for determining levels.

CNAA	[71.7]
Higher Education Institution criteria	[10.9]
Other	[8.7]
No response	[4.3]

(valid cases: 46 missing cases: 1)

27. There is a maximum amount of credit which can be AP(E)Led within courses.

Yes	[87]
No	[4]
Unsure	[2]
No response	[7]

28. There are common AP(E)L processes used for all continuing nursing and midwifery courses.

Yes	[80]
No	[11]
Unsure	[2]
No response	[7]

29. Quality assurance mechanisms are able to monitor consistency and comparability in AP(E)L within your education establishment.

Yes	[80]
No	[11]
Unsure	[2]
No response	[7]

30-36. Mechanisms to monitor quality include:

(a) faculty/department committees for nursing and midwifery only

Yes	[39]
No	[11]
No response	[50]

(b) faculty/department committee for a range of courses

Yes	[39]
No	[7]
Unsure	[2]
No response	[52]

(c) recommendations from professional staff

Yes	[50]
No response	[50]

(d) assessment boards for professional courses

Yes	[59]
No	[2]
Unsure	[4]
No response	[35]

(e) established institutional tariffs

Yes	[59]
No response	[39]

(f) approval by external examiners

Yes	[57]
No	[4]
No response	[39]

(g) other e.g. central database

Yes	[22]
No	[9]
No response	[70]

37. Market forces have been known to influence judgements regarding number and/or level of credit in developing courses.

Yes	[28]
No	[57]
Unsure	[9]
No response	[7]

38. Where market forces pressure has occurred it has been in:

(a)	professional courses in your educational establishment	[13]
(b)	professional courses in other educational establishments	[10.9]
(c)	other	[6.5]
(d)	no response	[69.6]

(valid cases: 46 missing cases: 1)

39. Responses omitted for reasons of confidentiality.

40. Responses covered a range of award titles at various academic levels.

SECTION 3: ENB AWARDS

41. Data illustrates the varying volume and level of credit for the same ENB numbered award as shown in table 41a below:

ENB 997/8

Number of institutions offering this award:		34
Offered at:	Level 1/2	1
	Level 2	25
	Level 2/3	4
	Level 3	2
	no level stated	2
Volume of credit:	10	2
	15	6
	20	11
	30	8
	40	1
	60	1
	72	1
	no volume stated	4

ENB 870

Number of institutions offering this award:		19
Offered at:	Level: 1/2	1
	Level 2	9
	Level 2/3	6
	Level 3	3
Volume of credit:	15	2
	20	1
	20/30	1
	30	1
	40	5
	50	1
	60	3
	80	1
	120	1
	no volume stated	3

ENB 100

Number of institutions offering this award:		24
Offered at:	Level 1	2
	Level 2	17
	Level 2/3	2
	Level 3	2
	no level stated	1
Volume of credit:	30	2
	60	7
	70	1
	75	2
	80	4
	90	4
	100	1
	120	1
	no volume stated	2

ENB 812

Number of institutions offering this award:		8
Offered at:	Level 2	7
	Level 3	1
Volume of credit:	60	1
	120	7

ENB 931

Number of institutions offering this award:		29
Offered at:	Level: 2	24
	Level 2/3	1
	Level 3	2
	no level stated	1
	non credit-rated	1
Volume of credit:	15	2
	20	6
	24	1
	25	2
	30	9
	40	2
	60	2
	80	1
	no level stated	3
	non credit-rated	1

42. All ENB numbered awards offered by your institution are credit-rated.

Yes	[76]
No	[15]
No Response	[9]

43. All the credit-rated ENB numbered awards offered by your institution are validated by the same academic validating body/institution.

Yes	[76]
No	[15]
No Response	[9]

44. The following academic levels are available within your continuing education ENB nursing and midwifery courses:-

Level 1, 2	[15.2]
Level 1, 3	[2.2]
Level 1, 2, 3	[45.7]
Level 1, 3, 4(M)	[2.2]
Level l, 2, 3, 4(M)	[15.2]
Other	[8.7]
No response	[10.9]

(valid cases: 46 missing cases: 1)

45. It is possible for students wishing to register for an award in your institution to be accredited in relation to:-

(a)	only certificated learning completed with the last 5 years	[2.2]
(b)	certificated learning completed within the last 5 years and uncertificated and experiential learning.	[17.4]
(c)	certificated learning completed within the last 5 years, certificated learning completed more than 5 years ago, uncertificated and experiential learning.	[69.6]
(d)	neither certificated, uncertificated nor experiential learning	[6.5]
(e)	no response	[4.3]

46. Period since validation of Higher Award within these educational establishments (N=25).

(a)	less than one year	[15.2]
(b)	between one and three years	[34.8]
(c)	between three and five years	[4.3]
(d)	more than five years	[0]
(e)	no response	[45.7]

(valid cases: 46 missing cases: 1)

47. **Number of students currently indexed on Higher Award.**

(a)	less than 50	[47.8]
(b)	between 50 and 100	[2.2]
(c)	more than 100	[2.2]
(d)	no response	[47.8]

(valid cases: 46 missing cases: 1)

48. **Number of students who have graduated with the Higher Award.**

(a)	none yet	[43.5]
(b)	less than 20	[6.5]
(c)	between 20 and 50	[2.2]
(d)	no response	[47.8]

(valid cases: 46 missing cases: 1)

49. **ENB Higher Award/Academic Award.**

BA	[4.4]
BSc	[40]
Other academic award	[8.9]
no response	[46.7]

(valid cases: 45 missing cases: 2)

50. **Responses omitted for reasons of confidentiality.**

SECTION 4: APL/APEL PROCESSES, PROCEDURES AND PRACTICES

SECTION 4a - APL

51-57. **Continuing education nursing and midwifery students who apply for courses in your educational establishment are usually:**

(a) made aware of the opportunity to seek APL

Yes	[93]
No response	[7]

(b) given written information about APL

Yes	[80]
No	[9]
No response	[11]

(c) charged a fee for APL

Yes	[53]
No	[33]
Unsure	[4]
No response	[9]

(d) given an early informal indication of the probable outcome of their claim

Yes	[76]
No	[4]
Unsure	[7]
No response	[13]

(e) required to present documentary evidence

Yes	[93]
No response	[7]

(f) required to undergo a viva in addition to submitting documentary evidence

Yes	[19]
No	[55]
Unsure	[7]
No response	[19]

(g) required to undergo a viva

Yes	[9]
No	[59]
No response	[33]

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58-64. **Assessment of APL claims is normally carried out by a person who has:**

(a) the power to make admission decisions

Yes	[72]
No	[15]
Unsure	[2]
No response	[11]

(b) expert knowledge of the subject area/s covered by the certificate/s

Yes	[67]
No	[14]
Unsure	[2]
No response	[16]

(c) some knowledge of the subject area/s covered by the certificate/s

Yes	[60]
No	[4]
Unsure	[7]
No response	[29]

(d) knowledge of the subject area/s covered by the intended/admitting programme of study

Yes	[83]
No	[2]
Unsure	[2]
No response	[13]

(e) received written guidelines on assessing prior learning

Yes	[83]
No	[4]
Unsure	[2]
No response	[11]

(f) involvement in assessing APEL claims

Yes	[78]
No	[7]
No response	[16]

(g) received preparatory staff development

Yes	[85]
No	[7]
No response	[9]

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65. The level and number of credits awarded for APL is normally based upon predetermined criteria.

Yes	[91]
Unsure	[2]
No response	[7]

66-74. Where these criteria exist they include:

(a) the date of the certificate

Yes	[78]
No	[7]
Unsure	[2]
No response	[13]

(b) relevance to the intended study programme

Yes	[93]
No response	[7]

(c) the outcomes evidenced through possession of the certificate

Yes	[80]
No	[4]
Unsure	[2]
No response	[13]

(d) the length of the course leading to the certificate

Yes	[61]
No	[22]
Unsure	[2]
No response	[15]

(e) the level and number of credits awarded by the original institution for the certificate

Yes	[87]
No	[4]
Unsure	[2]
No response	[7]

(f) notional learning time required to achieve the outcomes

Yes	[50]
No	[26]
Unsure	[7]
No response	[17]

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(g) evidenced learning matches outcomes of the same certificate in your institution

Yes	[80]
No	[9]
Unsure	[7]
No response	[4]

(h) the contribution of experience and other educational updates to the original learning achieved within the certificated course

Yes	[76]
No	[9]
Unsure	[4]
No response	[11]

(i) other

Yes	[9]
No	[4]
Unsure	[2]
No response	[85]

75. Your institution distinguishes between general and specific credit.

Yes	[85]
No	[7]
No response	[9]

76. Responses reflect diversity of arrangements for maintaining records.

77. Responses reflect diversity of decision making arrangements.

78. Differentiation between general and specific credit.

79. The student is normally notified of the final APL decision.

Yes	[93]
No response	[7]

80-85. Students are normally notified of the final APL decision:

(a) when the responsible person has made a decision based upon his/her judgement in relation to this individual case

Yes	[24]
No	[31]
No response	[44]

(b) when the responsible person has made a decision based upon reference to an agreed tariff or equivalent

Yes	[29]
No	[31]
No response	[40]

(c) when the decision has been ratified by a committee

Yes	[70]
No	[13]
No response	[17]

(d) verbally

Yes	[29]
No	[20]
No response	[51]

(e) in writing

Yes	[89]
No response	[11]

(f) other

Yes	[7]
No	[2]
Unsure	[2]
No response	[89]

86. The student is able to appeal against the final decision.

Yes	[57]
No	[20]
Unsure	[15]
No response	[9]

SECTION 4b - APEL

87-93. **Students who apply for continuing education nursing and midwifery courses in your establishment are usually:**

(a) made aware of the opportunity to benefit from APEL

Yes	[83]
No	[2]
No response	[15]

(b) given written information about APEL

Yes	[83]
No	[2]
No response	[15]

(c) allocated to work with a named adviser

Yes	[74]
No	[4]
No response	[22]

(d) able to meet face-to-face with their adviser when preparing their claim

Yes	[80]
No response	[20]

(e) charged a fee for APEL

Yes	[68]
No	[11]
Unsure	[2]
No response	[18]

(f) offered the opportunity to join an APEL module or equivalent

Yes	[59]
No	[24]
Unsure	[2]
No response	[15]

(g) given an early indication of the likely outcome of their claim

Yes	[74]
No	[2]
Unsure	[4]
No response	[20]

94-102. **During the process of preparing their claim the student will normally be advised to use the following strategies:**

(a) indicate the level and number of credits s/he is expecting to achieve

Yes	[83]
No	[4]
No response	[13]

(b) match outcomes to those shown in validated modules within existing course/programmes

Yes	[74]
No	[4]
Unsure	[2]
No response	[20]

(c) demonstrate explicitly the outcomes which resulted from particular experiences

Yes	[85]
No	[2]
No response	[13]

(d) identify outcomes unique to his/her own learning experiences

Yes	[84]
No response	[16]

(e) submit a documentary record of achievement e.g. portfolio

Yes	[87]
No response	[13]

(f) undergo a viva in addition to submitting documentary evidence

Yes	[30]
No	[42]
Unsure	[7]
No response	[21]

(g) opt for viva as an alternative to a written record

Yes	[11]
No	[65]
Unsure	[4]
No response	[20]

(h) opt to sit the assessment normally undertaken at the end of a particular taught module to achieve the credits associated with it

Yes	[33]
No	[40]
Unsure	[7]
No response	[20]

(i) support documentary evidence of practice with a written commentary or explanatory narrative

Yes	[74]
No	[7]
Unsure	[2]
No response	[17]

103-111. **Assessment of APEL claims is usually carried out by a person who has:**

(a) not been involved in helping the particular student preparing his/her claim on this occasion

Yes	[63]
No	[17]
Unsure	[4]
No response	[15]

(b) expert knowledge of subject area/s within the claim

Yes	[65]
No	[17]
Unsure	[2]
No response	[15]

(c) knowledge of the subject area/s within the claim

Yes	[70]
No	[4]
No response	[26]

(d) experience in assessing course-work covering similar learning submitted by non-APEL students

Yes	[87]
No response	[13]

(e) received preparatory staff development

Yes	[83]
Unsure	[2]
No response	[15]

(f) received written guidelines on assessing prior experiential learning

Yes	[78]
No	[4]
Unsure	[2]
No response	[15]

(g) received structured/formal training as preparation for assessing APEL claims

Yes	[56]
No	[24]
No response	[20]

(h) the power to make a recommendation which is then ratified by a committee

Yes	[76]
No	[9]
No response	[15]

(i) other

Yes	[15]
Unsure	[2]
No response	[83]

112. APEL assessment decisions are normally based upon pre-determined criteria

Yes	[85]
No response	[15]

113-123. For those institutions reporting pre-determined criteria in 112 above (N = 40), these included:

(a) recency of learning

Yes	[80]
No	[2]
Unsure	[2]
No response	[15]

(b) relevance to the intended study programme

Yes	[85]
No response	[15]

(c) the outcomes achieved through experience

Yes	[84]
No response	[16]

(d) the length of the experience

Yes	[62]
No	[18]
Unsure	[2]
No response	[18]

(e) the length of experience as a qualified practitioner

Yes	[39]
No	[39]
Unsure	[4]
No response	[17]

(f) evidence of innovative and developmental practice

Yes	[76]
No	[4]
Unsure	[4]
No response	[16]

(g) explicit progression along the novice to expert continuum

Yes	[60]
No	[13]
Unsure	[9]
No response	[18]

(h) calculation of notional learning time required to achieve the outcomes

Yes	[41]
No	[35]
Unsure	[7]
No response	[17]

(i) evidenced learning matches outcomes of validated modules within the receiving institution.

Yes	[76]
No	[7]
No response	[17]

(j) criteria similar to that used in marking non-APEL assessments

Yes	[70]
No	[7]
Unsure	[4]
No response	[20]

(k) other

Yes	[9]
No	[7]
Unsure	[4]
No response	[80]

124. Criteria for determining general and specific credit.

For most institutions all the criteria were used for both general and specific credit.

125-129. The student is normally:

(a) permitted to resubmit his/her claim if it is unsuccessful at the first attempt

Yes	[71]
No	[7]
Unsure	[4]
No response	[18]

(b) permitted to appeal against a decision

Yes	[50]
No	[22]
Unsure	[11]
No response	[17]

(c) awarded a mark for the APEL e.g. a grade or percentage

Yes	[18]
No	[59]
Unsure	[5]
No response	[18]

(d) notified of the final decision only when it has been ratified by a committee

Yes	[70]
No	[13]
No response	[17]

(e) informed in writing of the final decision regarding the outcome of his/her claim

Yes	[78]
No	[4]
No response	[17]

ANNEXE D

PHASE TWO: SELECTION CRITERIA FOR INSTITUTIONAL TRACKING

ANNEXE D

PHASE TWO: SELECTION CRITERIA FOR INSTITUTIONAL TRACKING

55.31% of those institutions who completed the survey in Phase One of this project indicated a willingness to be included in Phase Two. The institutions selected for tracking in Phase Two should be representative of the diversity of nursing, midwifery and health visiting continuing education across England.

1. CRITERIA FOR SELECTION:

1.1 Geographical Spread

The project team were keen to ensure geographical representation of institutions selected for inclusion in Phase Two. Therefore, England was divided into five sections: that is, north; south; east; west; and midlands. Of the institutions who had responded to Phase One survey, the percentages agreeing to be included in Phase Two are shown below:

northern	-	50%
southern	-	59%
western	-	25%
eastern -		75%
midland	-	63%

1.2 English National Board Course 997/8

Only those institutions offering ENB 997/8 were selected, since it was felt that tracking would be easier if there was one comparable course which could be considered across all the institutions.

1.3 Institutional Model

The institutions were then located, on the basis of 'best fit', in relation to seven imaginary institutional models which the researchers had identified, based upon similarities and differences within the institutions, for example, institutional characteristics, credit systems, AP(E)L procedures and practices.

Each institution did not necessarily fit fully within a particular model, failing to meet one or more criteria. However, the researchers attempted to achieve a reasonable fit. Whilst the researchers are aware of the shortcomings of this kind of allocation, based upon the very limited data contained within the Phase One survey, it was felt that this was a reasonable way of ensuring that all institutions chosen were not, unintentionally, of a very similar nature, though geographically dispersed.

1.3.1 Model 1: Criteria:

(i) recent full integration with HE institution or associate relationship;

(ii) adopted the CATS of its HE partner;

(iii) introduced CATS into nursing programmes including numbered awards;

(iv) staff still primarily teaching nurses only and located on sites devoted primarily to nurse education.

1.3.2 Model 2: Criteria:

(i) fully integrated with/or consider themselves an integral part of, an older established HE institution;

(ii) students registered for Higher Award;

(iii) nursing courses credit-rated;

(iv) wide range of courses attractive to nurses.

1.3.3 Model 3: Criteria:

(i) fully integrated with/consider themselves an integral part of, their HE link, and have been for some time;

(ii) no students registered for Higher Award;

(iii) clearly defined quality assurance mechanisms;

(iv) nursing, midwifery and health visiting AP(E)L shares quality assurance mechanisms with other disciplines;

(v) staff teach across disciplines.

1.3.4 Model 4: Criteria:

(i) established their own credit system which is different from HE link;

(ii) nursing appears autonomous;

(iii) staff primarily teach nurses;

(iv) clarification required in relation to responses to questionnaire.

1.3.5 Model 5: Criteria:

(i) multiple HE partnerships established;

(ii) most nursing awards credit-rated;

(iii) clarification required in relation to responses to questionnaire.

1.3.6 Model 6: Criteria:

(i) fully integrated with/or an integral part of HE;

(ii) clarity in respect of CATS and quality assurance;

(iii) responsibilities clearly identified;

(iv) staff teach across disciplines and located on sites not primarily reserved for nurse education;

(v) AP(E)L committees focus upon nursing, midwifery and health visiting together with other disciplines not necessarily allied to medicine.

1.3.7 Model 7: Criteria

(i) main address suggests hospital location of educational establishment;

(ii) multiple site delivery of nursing programmes;

(iii) staff primarily teach nurses and midwives and located on sites primarily devoted to nursing and midwifery education.

2. Final Total Number to be Tracked:

Between the period October 1995 - January 1996, it would be unrealistic for the researchers to track more than ten institutions, since each institution was likely to receive a two day visit.

Model:	Number of Institutions:	Geographical Location:
1	2	South: Midlands
2	1	North
3	1	South
4	2	Midlands: West
5	2	Midlands: North
6	1	North
7	1	East
Total:	10	{ South 2 { North 3 { East 1 { West 1 { Midlands 3

Table D1: Final Selection of Institutions for Tracking in Phase Two of the Project

Table D1 above shows how the final selection of institutions reflects diversity of institutional models and geographical location, as intended by the project team.

The principals, or equivalent, of the ten institutions finally selected were approached for formal permission to track.

ANNEXE E

PHASE TWO: INTERVIEW SCHEDULE AND APEL ACCOUNTS FOR INSTITUTIONAL TRACKING

ANNEXE E

PHASE TWO: INTERVIEW SCHEDULE AND APEL ACCOUNTS FOR INSTITUTIONAL TRACKING

Before the researcher visits your institution, would you please consider points 1 and 2 below:

1. **Preliminary response:**

   Please read the two accounts attached to this sheet and respond, in writing, to the four questions. Hand your completed responses to the researcher when she visits.

   Please regard the accounts as if they were unsolicited submissions from potential students who have made individual appointments to meet with you, in the near future, to discuss their prior learning. The accounts represent a specific element of each student's prior learning which s/he feels may be worthy of academic credit. S/he has presented it in a manner which s/he feels is appropriate, based on advice from friends who have themselves used AP(E)L opportunities at various institutions.

   When the researcher visits she will be focusing the interview around the kind of *preliminary advice* you would give these potential students when they meet you and on the *process* these students would have to follow to take their claims further.

2. **Documentation:**

   If possible, could you make available, on the day/s of visit, the following documents:

   2.1 AP(E)L information distributed to potential students.

   2.2 AP(E)L information provided as guidelines or assistance during the process of making a claim.

   2.3 Any relevant staff development materials.

   2.4 A sample of extracts from institutional documents which reflect institutional commitment to AP(E)L; curriculum inclusion of AP(E)L; monitoring of quality of AP(E)L; any definitions relating to credit and academic levels.

   2.5 Any records which demonstrate consistency or parity in relation to individual students' claims.

   2.6 An example of a continuing education student transcript from your institution.

   2.7 A credit tariff, if one is used.

   2.8 Although we appreciate this may be difficult to arrange, it would be very useful if you could share with us an example of a successful APEL claim.

Preliminary 'gut reactions': ACCOUNT FROM NURSE A.

When you have read the attached account, please make written responses to the following questions.

1. What is your first impression on reading this account?

2. In your opinion, would this account indicate actual or potential credit?

3. What elements within the account have influenced your view with regard to its eligibility for credit?

4. Can you make an informed guess at both the level and the minimum and/or maximum number of credits that is likely to result from this claim, once it is presented in a manner acceptable to your institution: please say what informs your guess.

ACCOUNT FROM NURSE A

In 1991 I designed a health education package because I had found that a number of my patients appeared to be ignorant of basic food information and the implications of dietary habits on their health and well-being. They would often appear surprised when they discovered how many calories they consumed in a day compared with their needs and often had no idea of the salt content of different foods or what effect caffeine might have.

Although I had been introduced to health education and dietary needs in my initial preparation programme in 1985, I began the project by carrying out a literature search and visiting the health education section so that I could find out what work had been done before. I completed an annotated bibliography. One of the articles I read suggested that there was a link between social class and diet, as well as age and physical problems (Borner J. & Suttcliffe A. 1989, Eating for Life, London, MacCauley Press).This seemed to support my feelings and formed the basis for much of my work. Statements such as those on page 3 of the pack I designed and the questionnaire and quiz which accompany it, show that I have considered a diverse range of factors which influence diet. Although quite a lot had been written I found that it was mainly in poster form or didn't seem to offer the depth and breadth of information I thought would help. Sometimes the language was rather 'medical' and at other times patronising. I surveyed a number of my friends and relations to see how they responded to different language and different ways of putting the same message across. I found that some of my younger friends ate anything that was quick and anything that took longer to read than a fast food packet was unlikely to be considered. However, when in hospital one is somewhat confined for a time and may be grateful for reading materials. However, there was no point in effecting a change or intended change whilst my patients were in hospital if they did not follow it up outside. Therefore, I spent quite a lot of time looking at different advertisements and noting which made an impact on me and why. I found a book called "Getting Your Message Across" (Johnson H 1986). This book made a significant contribution to the way I chose to present the work.

I also extended my knowledge on nutrition by reading journal articles and textbooks. I spent some time with the dietician. It was quite difficult to decide how much information was essential as well as which information fell into this category because if the package was too long it would be less likely to be read. Section 2 of the pack demonstrates this ability to select information which is essential but my knowledge is applied throughout. For example, if you looked at page 2 you would see that I have condensed some complex information about protein into 5 lines and a drawing. This took numerous drafts before I was happy with it and involved a number of hours of work.

I made out a list of all the ways in which the physical problems from which my patients suffered could influence their dietary needs. I did the same in relation to social and psychological factors. I did this so that I could get an overview of the kind of things I should consider when writing the pack. Although I didn't keep the list I believe the information and the way it is contained within the pack demonstrate my awareness of the ways different factors influence diet. Once I had drafted an outline of the pack I talked to patients about it because I wanted to get their reactions. I had feedback which gave me reason to modify certain parts of it. For instance a number of my patients didn't think I really knew what it was like to manage on very little money and seemed to think that you could not eat healthily if you were poor. As a result of this I found out about the benefit /pension levels and then went around the supermarkets working out exactly what I could get for a reasonable proportion of this. I also asked a number of clients what they spent on food each week. I obtained a number of booklets from the Advice Centre and picked out relevant information.

I decided to use an educative approach since the authoritarian/medical approach had not seemed to work, perhaps because people don't like doing what they are told, especially if they don't understand why it is important. This approach became known to me through a short course I attended in 1990 in Southampton. This course helped me to realise that much of what I was saying and doing at the time was wasted since I had failed to listen to the verbal and non-verbal messages my patients were giving me. I learned to recognise my own values and beliefs and what lay behind them.

My package also shows that I was aware of the communication needs of my clients but also an awareness of the range of different backgrounds from which they came. This is why I used large print and why I used examples from telly soaps and adverts which would be familiar or at least accessible to the majority. I was aware that I had to be very careful about including this type of example but I checked with the hospital administrator who looked at the package before it was finalised to ensure that it was not likely to get us into legal difficulties. Since I had a number of Asian patients I arranged for a local club to have the materials translated for me. This was extremely interesting and I learned that there were no words in Hindi for some of the words I used. I realised that I had frequently used these words with my Asian patients and they had politely smiled and acknowledged me but possibly not the message since some of them had very little English. This exercise lead me to read more about patients from different cultural backgrounds and particularly their eating habits. My experience to date had been a curry or sweet-and-sour from the take-away. I had very little real idea what was eaten in a typical Indian home, if there was such a thing. What was the point of a leaflet on healthy eating if some of my patients were excluded from using it? At about this time I completed the ENB 998 (1992) and this added to my understanding of setting outcomes and using appropriate language.

The package is now on its third revision. I give the package to patients as soon as they are admitted. This is because they may have odd moments when they could read it and if I don't give it to them until they go home it is likely to be filed away somewhere and forgotten. Also, whilst they are in hospital, I can mention the package and see how they scored on the questionnaire and the quiz. I included the quiz because health education should be fun because eating for many people is fun and therefore a dry, boring reinforcement of what they have possibly already been told will have little positive impact. I believe that the pack is attractive in appearance i.e. the glossy cover and the colours. I have also encouraged some patients to make a list of food that they particularly like and dislike and then gone through this with them showing what their diet is rich in and deficient in. We look at substituting one food for another. This is particularly useful with diabetic clients and some of the older clients who have a reluctance to cook either because they are alone or they try to economise on fuel. I have also spoken with the dietician who has visited the ward when we have a patient who has a particular problem or who has expressed an interest in seeing her. She has a copy of my pack because it is important that we do not contradict each other. She is happy with it. After attending a half day session on food handling I added a bit more information on this to my pack.

I believe that I achieved quite a lot with this package. I know a lot more about how to give information and how important it is, with health education, to be sure that the target group understand the message. I know now what my own failings were and how I based what I did on my own education and background. I certainly felt that I had made some impact on some of my patients. If I were to make recommendations to others on the basis of what I have learned from this experience I would say that they should try to do as much background reading as possible prior to even considering putting pen to paper. I was continually finding new information that I wished I had considered earlier. However, there has to be a cut off point but I know I would have felt more certain if I had allocated a period of say 1 month to do a literature search on the whole range of issues that I might need to consider. When I started I had no word processing skills and I developed these during the period of designing this package. When I started I was typing and then retyping which was time consuming and wasteful but with word processing I could edit. I think that some of my colleagues were not as keen on this project as they might have been. This could be jealousy but it could also be because I didn't involve them enough in the beginning. I knew about 'Change Theory' but I don't think I really paid as much attention to the need to unfreeze and then carry people with me. Maybe I should have consulted and involved them more rather than try to do so much on my own. I learned that I do not take enough advantage of having a team and this is something I must address in the future. I would like to think that now that we have a computer terminal on the ward it might actually be possible to have the pack on disk. This would be an attraction to the younger patients and maybe we could introduce some of the non-computer literate to IT whilst they are recovering!

I now lecture to students on "Approaches to Health Education" and refer to the pack in this session. The lecture is generally well received because they can see that it is something they can do themselves and I am certainly not an 'academic'.

I intend to review the pack in another year and seek the views of users and staff with a view to modifying where necessary because food fads and eating patterns change, sometimes quite subtly over time, prices change and so on and my work would be stale.

Preliminary 'gut reactions': ACCOUNT FROM NURSE B.

When you have read the attached account, please make written responses to the following questions.

1. What is your first impression on reading this account?

2. In your opinion, would this account indicate actual or potential credit?

3. What elements within the account have influenced your view with regard to its eligibility for credit?

4. Can you make an informed guess at both the level and the minimum and/or maximum number of credits that is likely to result from this claim, once it is presented in a manner acceptable to your institution: please say what informs your guess.

ACCOUNT FROM NURSE B:

As a nurse I have participated in group work and attended courses in this field during the last five years. Group work is becoming an increasingly essential part of my job since I teach people from different backgrounds about the help they can get from statutory and voluntary agencies in relation to their needs and use group work to impart various other types of knowledge and skills. I shall look into the way groups are run, how they work, the research undertaken as to how they benefit personnel and outline some of my own experiences. I shall also discuss how effective teamwork is and how this is related.

I will firstly discuss what group work is. Group work differs from traditional teaching in a number of ways as the aims and roles of the educator are fundamentally different. Obviously in group work the aim is to see that its members are active participants as opposed to traditional teaching where those being taught/educated tend to be passive. In groups, the educator is the group leader, guiding group members and facilitating learning, in contrast to a teacher who distributes knowledge (Benson, 1987). The educational aim of group work is to raise awareness, facilitate attitude change and decision making, and encourage mutual support - in traditional teaching education is usually concerned with the increase of knowledge. Group members are able to help in the planning and content of the course as opposed to having no say. Group members learn through discussion and questions rather than just having to memorise facts and practical skills. The emphasis on group work is co-operation and sharing with other members whereas in traditional teaching there is often no encouragement to share experiences and there can be competition as to who knows the most. Another advantage of group work is that groups can be held almost anywhere including people's homes rather than in more formal designated areas (Ewels and Sinnet, 1985).

Several practical issues have to be taken into account before starting a group and I will put forward some of them. There is no point in starting a group just for the sake of it - investigations have to be made to see if there is already a group in existence that the new idea could be linked with and is there really any need for another? Networking with others interested in the subject area or age group or vicinity is also important as there is no point in starting a group if there is no interest. The very practical issues such as resources, premises and funds must be researched (Billingham, 1990). Obviously the potential group members have to be identified, their interests, help with the organisation etc. has to be researched. Planning meetings and times have to organised, aims and objectives have to be identified. It is very important to be clear. Whey the group is happening and this will add development. Facilities for those with disabilities, older people, transport, creches and interpreters may have to be arranged.

It is important to focus on how groups operate - many professional decisions and much adult learning takes place in groups. Groups range from workshops to seminars and they include working parties, staff meetings and committees. There are some aspects of group experience which can hinder learning and decisions. It is to be remembered that the learner and decision maker is not alone, emotional responses to the way the group functions can work in such a way that individuals may feel embarrassed, frustrated, bored feel that they are wasting their time and do not enjoy themselves. For the group as a whole lack of procedures or ground rules can affect anything being achieved it can bring previous relationships amongst the members which can be obstructive and can stop achievements. But groups can help the tasks being achieved by utilising experience, knowledge: opinions of its participants to form 'ideas' and can provide a source of mutual enjoyment (Landan, 1985). Participatory learning describes these features and this involves participation by each individual of the task in hand and with each other.

' Group life' describes the emotional development of a group, research has been done into this by working with groups. 'Tuckmans Model of Group Life' - this model develops a group and its progress through five stages - "forming" i.e. the character it is to take, "storming" - there may be a rebellion against the leader, conflict between sub groups etc., "norming" when some group cohesion develops and standards for the group emerge. "performing" - this is when the group is doing the task it brought together and "Ending" when individuals leave the group and discussion forms either around shared experiences or of ways to hold the group together.

Obviously there can be problems in groups and it is important for each member to develop listening skills - I will just mention a few problems which may occur. Some people may be critical of other members, they may question everything said by the leader or refuse to comply. Some members may tend to talk too much and others say nothing. It is important not to be defensive when criticised and to make sure that everyone has their turn, sometimes it is necessary to work in pairs for a spell and then return to the group. Role play can be useful. It is important to avoid abstract discussions and to respond positively and respect each others opinions. The leader has a difficult task as there are generally the organiser, leader, motivator, host enabler, consultant, problem solver and counsellor to name but a few!

Group work has been used a great deal to encourage teamwork. I work within a team and it is important to ensure that members of the team do not give conflicting advice to clients. It has been found that small teams work more effectively together. Mullings (1993) describes how Volvo formed small teams of its car workers to work together to have their own changing and rest rooms on site, absenteeism and sickness rates decreased as generally it was felt that the workers became more responsible and concerned by the quality of their work and supporting the rest of the team/group.

Work has been done by Belbin (1981) on studying teams and how they all began and how they work. Psychometric tests have taken place on teams to study their personal and mental ability - these have been used in the armed forces foir recruitment and in executive management (EME - Executive Management Exercise). Input and output has been measured, observers have been drawn from course members who are more interested in watching what goes on in a management team rather than participating as game players and they recorded the contri bution being made by the members of the team - seven categories of behaviour were observed, asking, informing, proposing, opposing, delegating, building and commenting.

Teams containing similar personalities have been observed, as individuals with particular personality characteristics tend to be drawn towards particular occupations - this is described as 'principle of effective homogeneity'.

My own experiences of running groups include the following - reminiscence groups, rehabilitation groups, group sessions with student nurses (I completed the ENB 998 in 1992 and this has been a considerable help to me with respect to teaching not just student nurses) , groups for people who suffer from stress and anxiety, and a health promotion group.

I will talk about the reminiscence group for older people which I set up. This group has proved popular and it is difficult to stop the programmes! Reminiscence is said to improve participants self esteem (age Exchange 1985). The first group was set up from emmbers of an existing luncheon club and we went into the premises to run it. The workshops consisted of eight sessions the topics we covered were childhood, schooldays, health care before the NHS, music, food etc. We used visual aids such as old clothes, old food containers, photographs, slides and music. to start with, some members where shy but soon everyone participated well, both men and women attended. A second session was set up at the group practice of a local GP. This group was smaller i.e. 5 women and 2 men. This gradually increased to 10 but the room could hold no more. The group had reunion aftere the sessions with 100% attendance. This activity continues to date.

Much of the type of groupwork I have participated in has been short term groups and not " professional groups". However, personality types as discussed by Belbin could be related to groups i.e. the "stable extrovert" who is said to fulfil themselves and excel in jobs - a personality like this could be off putting to members of a group. "Anxious extroverts" are said to work at a high pace - they exert pressure on others. "Stable introverts" work well with small numbers of people over a period could do well in groups. "Anxious introvers" work well in jobs which are self directed and are said to be creative - they could "blossom is a group" (Billingham 1990).

My own experience has made me evaluate my role and effectiveness in groupwork and has also given me the experience of observing how a group works. I did feel a little uncomfortable and anxious initially but as Billingham (1990) states it is important to focus on another person and suspend ones own anxieties.

In the reminiscence group I participated in I observed that some of the older people had a great need to talk obviously as they were lonely and others feel quite inhibited. As described by Billingham (1990) initially the group was broken into smaller sections of 2 or 3 people so that everyone could share their experience on one specific topic. One person particularly dominated the group in the early sessions and appeared to exaggerate situations or even tell untruths - this is said by Carver and Liddiartd (1981) not to be unusual in the elderly population as they need to have attention focused on them. However, this situation was rectified by firmly turning to other members of the group to enable them to participate and also by itting a health professional directly next to this member who could interject if necessary this imporved the situation greatly and was not observed by the very talkative participant! This group certainly appeared to improve the members self esteem and verbal feedback was very positive. We were anxious that the group would feel "let down" at the end of the sessions so we did arrange two follow up sessions at two monthly intervals and generally the group did appear more confident and were generally getting out and about more. The location we used was not ideal but one member came in a wheelchair and another collected on the way by a health professional.

Obviously during all the groups I have facilitated listening skills have been very important. Empathy, respect and confidentially are ground rules for groupwork. As described by Billingham (1990) several skills are learned (by the leaders) such as being able to challenge contributions in a creative and constructive way links should attempt to be built between all the individuals contributions. Uniqueness of someone's experiences and feelings must be recognised and sense has to be made of events which for the person experiencing them seem to be confusing and bewildering. there are certain tips such as eye contact but not staring - a balance has to be made. body language is important for example leaning forward to encourage communication and open ended question are useful to encourage shy members of the group. I try to rememeber these tips when running a group and also to make sure that everyone has a change to contribute before finishing a discussion.

The skills of groupwork are useful for helping with individual contact also. I feel that groupwork evaluation plays a vital role both as one's individual performance review, general evaluation and preparation for further groups of a similar type. There is no set way of coping with groups and their difficulties challenges to one individual leading a group with vary with another leader and also the type of group being held. However, in conclusion I would stress that groupwork on the whole is beneficial and of value but it must be taken into account that perhaps individuals who would benefit the most do not attend. this is something I shall focus on in the future and hope to start a group for teenagers at the GP practice where I held the reminiscence group.

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PART A: QUESTIONS FOR THE AP(E)L CO-ORDINATOR:

Introduction:

[Check that the accounts arrived and have been read; if not allow time for reading.]

The questions I will be asking fall into three sections: the first two sections draw upon the accounts which were sent to you prior to this meeting, and the third section is about more general issues.

SECTION ONE:

This section is about the preliminary advice that the you would give to the students in respect of their:

Experiential learning.

1. Would these students' prior experiential learning carry credit in your institution?

   [Yes = go to Question 2. No = elicit rationale and seek information about the kind of prior learning that would carry credit and how it is different from this.]

2. Could each account do so in its present format, without modification?

   [Yes = go to Question 4. If no = go to Question 3]

3. Can you take me through any modifications that each of these students would need to make before the learning can be presented for accreditation in your institution and explain why?

4. I appreciate that it is difficult to commit yourself at this moment, but, roughly, what is likely to be the minimum to maximum credit, and at what level, as a results of each claim?

5. *[If a min. - max. given = ask 5a: If a single definitive figure is given = ask 5b]*

   (a) What will influence whether it is nearer to the minimum or the maximum?

   (b) How did you arrive at that figure?

6. How long is it likely to take for each student to go from the informal preliminary advice stage, to final, formal, notification of outcome?

7. What does the time span depend upon?

8. How much would it cost each student?

9. Can you tell me, in more detail, the process that each student would need to follow in order to further his/her wish to have this experiential learning accredited?

10. What help could each student expect to get during this period, and from whom?

11. Who is involved in deciding how much credit these students get and why is that person/or those people involved?

12. Can you tell me what these decision-makers will be taking into consideration when they look at these students' experiential learning?

SECTION TWO:

This section is about the preliminary advice the AP(E)L Co-ordinator would give to the student in respect of his/her:

Certificated Learning:

13. Is each student's ENB 998 credit-worthy?

14. How would each student go about presenting it for accreditation?

15. Why is it done in that way?

16. How much credit is it likely to generate?

17. How is the actual credit value arrived at?

18. Is it likely that these students will get the same amount and level of credit as other students applying for the same course and presenting with a 998?

SECTION THREE:

This section is about more general issues in respect of both APL and APEL:

19. Is there anything that a student could read that has any or all of the information you have just given me in this interview?

20. How do students normally find out about AP(E)L in your institution?

21. Do all students have the same chance of discovering the AP(E)L opportunities?

22. Has there been, or is there still, anything that is particularly problematic in relation to AP(E)L, and how has this been addressed, or could be addressed in the future?

23. What are your thoughts and feelings about AP(E)L?

24. How is the quality of AP(E)L monitored in your institution and do you think this is appropriate?

25. Is there anything else you would like to mention?

PART B: QUESTIONS FOR SOMEONE OTHER THAN THE AP(E)L ADVISER WHO IS INVOLVED IN ASSESSMENT OF AP(E)L CLAIMS:

1. What is your involvement in accreditation of both prior certificated and experiential learning?

2. At what point in the process do you get involved?

3. What preparation have you had for this role and what are your thoughts and feelings about the adequacy of this?

4. If a student challenged a decision that you had made regarding accreditation of prior certificated or experiential learning, would you be confident that you could explain your decision?

5. Can you talk me through your decision-making process, firstly, with regard to learning resulting from a certificated course, and, secondly, to an experiential learning claim?

6. How does AP(E)L compare with any other forms of assessment that you are involved in?

PART C: QUESTIONS FOR THE STUDENT:

1. How did you find out about the opportunity to gain credit for your prior learning?

2. What made you decide to seek credit for your prior learning?

3. How did you decide what learning to put forward for credit?

4. Did you have any early indication of what credit that learning might gain and, if so, how did you get that information?

5. What did you have to do in order to present your claim?

6. What help did you get?

7. Do you know who was involved in making the decision about your credit?

8. Do you know how much credit you were finally awarded for your prior learning and how that decision was arrived at?

9. Did you feel that this was fair?

10. How did the process of crediting your prior learning compare with other forms of assessment you have undertaken?

Information for researchers only:

1. Where responses are felt, by the researcher, to need elaboration or clarification, a limited range of previously agreed 'probes' will normally be used in order to ensure that respondents are not unduly influenced or directed by the researcher: this is particularly important since there are two researchers. The probes will be as follows:

   1.1 Can you expand on this?

   1.2 Can you explain a little bit more about ....?

   1.3 What do you mean by ....?

2. Since it is likely that respondents may find it necessary to answer that "it depends" upon the award which the student wishes to enter, if/when this arises the researchers will elicit from the respondent one named award and ask for subsequent responses in the context of that award.

ANNEXE F

THE RELATIONSHIP BETWEEN THE ENB-FUNDED PROJECT AND THE EMPLOYMENT DEPARTMENT/DfEE-FUNDED PROJECT ON CREDIT GUIDELINES

THE RELATIONSHIP BETWEEN THE ENB-FUNDED PROJECT AND THE ED/DfEE-FUNDED PROJECT ON CREDIT GUIDELINES

The ENB AP(E)L Project has informed the ED/DfEE project through its audit of practice. It has also informed the development of a SEEC Code of Practice in relation to APEL.

The SEEC ED/DfEE-funded project undertook an audit of current credit-rated practice amongst SEEC institutions in October 1994 and 1995. These cover the definition of credit, the credit tariff, generic levels descriptors, the articulation between academic credit, professional awards and NVQs, guidance and general credit-rating.

The SEEC Guidelines are being articulated with developments in Wales, Scotland and the North of England. If accepted by member institutions, they will form the basis of an emerging national consensus on credit.

The Guidelines will be considered by the team in the context of recommendations emerging from the Project.

ANNEX G

PHASE THREE: CODES OF AP(E)L PRACTICE -

ENGLISH NATIONAL BOARD FOR NURSING, MIDWIFERY AND HEALTH VISITING (ENB),

THE HIGHER EDUCATION QUALITY COUNCIL (HEQC)

THE SOUTH EAST ENGLAND CONSORTIUM FOR CREDIT ACCUMULATION AND TRANSFER (SEEC)

PHASE 3: CODES OF AP(E)L PRACTICE - ENB, HEQC AND SEEC

Cross-Referencing for Data Analysis Purposes

SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	HEQC Credit Guidelines	ENB APL/APEL Guidelines for Good Practice
Institutional Recommendations: 1. The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L. Indicators: Differentiation between APL and APEL. Definitions of credit, currency, access, specific and general credit exist.		
2. The institution has an AP(E)L statement demonstrating institutional commitment. Indicators: Explicit reference to AP(E)L entitlement and provision within written documents relating to the institution and its programmes. Transparent learning outcomes within the curriculum.	G1. Credit-based systems should be underpinned by a clear rationale and by objectives consistent with institutional mission. G2. Institutions should make clear to staff and students the purpose and principal features of their credit-based provision.	4.2 Point 2. Frameworks for initiating, receiving and evaluating applications for AP/APEL are required.
3. The institution's curriculum development includes an integration of appropriate AP(E)L arrangements. Indicators: Opportunity exists, and is made clear in documents, for students to gain AP(E)L as an element of a programme of learning leading to an award.	G22. Institutions need to make clear the general principles of their credit-based schemes and the scope for recognising learning from different sources. G12. In the development and implementation of policy and practices for admissions to credit-based schemes institutions should: ensure that the policies and criteria governing admission, including admission with credit, are clear and fully reflect the philosophy of the scheme; clarify the extent of credit transfer available along with the nature of the processes utilised to facilitate entry via AP(E)L.	4.2 Point 4. Curricula/modules should be structured to facilitate multiple entry/exit points and to allow the matching of accredited learning with relevant parts of the curriculum.

SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	**HEQC Credit Guidelines**	**ENB APL/APEL Guidelines for Good Practice**
4. The institution has AP(E)L processes integrated within the regulatory framework. Indicators: The assessment strategy which shares similar characteristics to non-AP(E)L strategies within the institution. Clarity regarding the number of submissions and appeals.	G29. Institutions should devise appropriate procedures explicitly in the context of their existing quality assurance frameworks, to ensure the valid and reliable allocation of credit points and levels. Such procedures should be clearly stated.	4.2 Point 2. Frameworks for initiating, receiving and evaluating applications for AP/APEL are required.
5. The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors. Indicators: Clearly defined process from initial enquiry to final notification of outcome. Clearly defined roles and responsibilities for staff involved in AP(E)L. Clearly defined responsibilities for students making AP(E)L claims. Staff development strategy that takes into account all relevant personnel, both academic and administrative.	G16. Sound, pro-active educational guidance is a core element of any credit-based scheme. G17. To ensure that students are able to take full advantage of the flexibility and choice offered by credit-based schemes, institutions should ... be clear as to the locus of guidance support at both the level of the scheme and the individual module/subject area; ensure that all those involved in the provision of guidance support have undergone an appropriate programme of staff development.	4.2 Point 1 ... Appropriate training in APL/APEL systems is needed by educational staff.
6. The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process. Indicators: Statements re. Periodic review of AP(E)L. Inclusion of APEL within course reports or equivalent.	G3. Credit-based schemes should be fully integrated within the overall institutional quality assurance framework. G6. Institutions should devise appropraite structures and procedures for the quality assurance of the particular features of their credit scheme, e.g. credit from prior learning...	

SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	HEQC Credit Guidelines	ENB APL/APEL Guidelines for Good Practice
	Cont'd. G9. The monitoring and review processes for credit-based schemes should allow for scrutiny of all appropriate elements of credit-based schemes in meeting the objectives of the scheme. This will include an evaluation of the overall student experience and external perceptions on the operation of the scheme. G10. Institutions should develop and implement procedures (including appropriate involvement of external members) for the review of credit-based schemes at both the scheme level and the individual module level. G29. Institutions should devise appropriate procedures explicitly in the context of their existing quality assurance frameworks, to ensure the valid and reliable allocation of credit points and levels. Such procedures should be clearly stated.	
7. The institution's staff development needs vis-a-vis AP(E)L are included within policy and practice documentation. Indicators: Provision and co-ordination of staff development appears in documentation.	G17. To ensure that students are able to take full advantage of the flexibility and choice offered by credit-based schemes, institutions should: ... ensure that all those involved in the provision of guidance support have undergone an appropriate programme of staff development.	
8. The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on the student transcripts. Indicators: A transcript showing credit for modules taken and a means of recording credit achieved through AP(E)L.	G30. Students should have available to them a full record of the credit and level achieved and a statement indicating clearly the basis of the credit allocated.	

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SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	**HEQC Credit Guidelines**	**ENB APL/APEL Guidelines for Good Practice**
Operational Recommendations: 1. The institution ensures that information about AP(E)L is accessible to all applicants. Indicators: Written information available to all students who make an enquiry. Publicity materials. Specific contact personnel identifiable. Method of dissemination of AP(E)L information - target. Volume of AP(E)L resulting from opportunities.	G12. In the development and implementation of policy and practices for admission to credit-based schemes institutions should: ensure that, prior to and at the point of application students are fully informed about the nature of the scheme and are thus able to maximise the strength of their submission. G19. Institutions need to consider whether or not their general infrastructures are adequate and appropriate to facilitate the smooth operation and management of credit-based schemes and in particular whether students information needs are adequately met both prior to and post-admission.	4.2 Point 2. Frameworks for initiating, receiving and evaluation applications for AP/APEL are required. 4.2 Point 1. An APL/APEL Co-ordinator is needed ...
2. The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence. Indicators: Clear channels of advice and guidance. An assessment process that is independent from the advice and guidance process. Number/roles of staff and formally constituted bodies/boards/panels involved in decision-making. Sampling taking place. Ratification systems in operation.	G5. Institutions should consider carefully the precise composition and role of approval panels for the various components of credit-based schemes. G9. The monitoring and review process for credit-based schemes should allow for scrutiny of all appropriate elements of credit-based schemes in meeting the objectives of the scheme. G10. Institutions should develop and implement procedures for the review of credit-based schemes (including involvement of external members) at both scheme and individual module level. G18. Institutions should publicise clearly the locus for both pastoral support and educational guidance. G77. Final assessment should not be soley undertaken by individuals previously involved in a guidance role for the submission.	3.6 ... Those tutorial staff who offer such counselling and who enable students to explore options open to them and to synthesise evidence should not have any part in the final academic judgement about that evidence.

SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	HEQC Credit Guidelines	ENB APL/APEL Guidelines for Good Practice
3. The institution makes clear the roles and responsibilities of students in the AP(E)L process. Indicators: Clear indications that it is the student who must reflect upon learning, collate evidence and present claim.	G69. Candidates should receive clear guidance on the rationale for and compilation of their evidence of learning ...	3.1 For APL/APEL the most important guiding principle throughout is that it is the nurse, midwife or health visitor who is making claims to have acquired knowledge and skills. 3.2 The insistence throughout must be that although all past experience is valuable, the signficant experiences are those that are a source of learning.
4. The institution make clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience. Indicators: Clear information about the nature of learning which may generate credit and why.	G65. Credit awarded on the basis of achieved learning from an experience and not for the experience itself.	3.2 The insistence throughout must be that although all past experience is valuable, the signficant experiences are those that are a source of learning.
5. The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate. Indicators: Clear criteria for assessment judgements. Range of presentation options available to the student.	G21. The basis on which the level and number for credit points are awarded for learning achieved should be explicit. G55. The learning achieved through work-based learning should include appropriate underpinning knowledge and understanding in order to attract the award of credit. G68. The structures and tools for assessing the learning from experience should be appropriate for the task and agreed and explicitly stated in advance.	3.4 Academic assessment is the responsibility of academic staff. It is open to staff to employ any procedure that they think most appropriate to arrive at an academic judgement about the evidence of prior learning submitted and to ensure the maintenance of academic standards. 3.5 The method of assessment should be appropriate to what is being assessed.

SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	**HEQC Credit Guidelines**	**ENB APL/APEL Guidelines for Good Practice**
6. The institution's AP(E)L processes are equitable, capable of scrutiny and of enhancing quality. Indicators: Parity between the student experience of AP(E)L students and non-AP(E)L students in support, number of attempts, costs and appeal rights. An AP(E)L strategy that is capable of explanation and verification. Records that show similar credit for similar learning. Records which reflect quality of discussion and decision-making process. Tracing/evaluation/student feedback included.	G.21 The basis on which the level and number for credit points are awarded for learning achieved should be explicit. G23 Credit is allocated for the learning achieved and verified through reliable and valid assessment. G29. Institutions should devise appropriate procedures explicitly in the context of their existing quality assurance frameworks to ensure the valid and reliable allocation of credit points and levels. Such procedures should be clearly stated. G78. The number of credit points allocated to a submission should be determined in the light of the methodology and tariff adopted by the institution. This is common for all forms of learning ... G79. Where a submission of experiential learning makes a claim for credit against the identified learning outcomes of a validated module, the credit points and level allocated for the submission will be the same. G80. Where there is no existing credit-rated learning for comparison with the experiential learning outcomes, the credit-rating decisions should be made on the basis of professional and academic judgement. The decision ... made through the institutional processes for credit-rating.	

SEEC Code of Practice for the Assessment of Prior (Experiential) Learning	HEQC Credit Guidelines	ENB APL/APEL Guidelines for Good Practice
7. The institution has made clear the criteria for any charges for AP(E)L, where they occur. Indicators: Information provided to students at an early stage. Cost which can be compared with module costs within the institution.		
8. The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L. Indicators: Information on credit min./max. made available to staff and students.	G12. In the development and implementation of policy and practices for admission to credit-based schemes institutions should: clarify the extent of credit-transfer available along with the nature of the processes utilised to facilitate entry via the accreditation of AP(E)L. G66. Where there is a limit on the proportion of an award which can be achieved through AP(E)L this limit should be explicitly stated.	

SEEC CODE OF PRACTICE WITH INDICATORS FOR ANALYSIS

Institutional AP(E)L recommendations

1. **Accepted definitions are needed to safeguard and advance the highest quality arrangements and definitions for AP(E)L.**

   Indicator:

   Differentiation between APL and APEL.

2. **A clearly expressed AP(E)L statement should be produced which demonstrates institutional commitment.**

   Indicator:

   Explicit reference to AP(E)L entitlement and provision within written documents relating to the institution and its programmes.

   Indicator:

   Transparent learning outcomes.

3. **Curriculum development across the institution should include, where possible, an integration of appropriate AP(E)L arrangements.**

   Indicator:

   Opportunity exists and is made clear in documentation for students to gain AP(E)L as an element of learning leading to an award.

4. **AP(E)L processes should be integrated within the regulatory framework of institutions.**

   Indicator:

   The assessment strategy share similar characteristics to non-AP(E)L assessment strategies within the institution.

   Indicator:

   Clarity regarding the number of submissions and appeals permitted for AP(E)L.

5. **AP(E)L procedures should be documented clearly and available to all students, academic and administrative staff and external assessors.**

Indicator:

A clearly defined process from initial enquiry to final notification of outcome.

Indicator:

Clearly defined roles and responsibilities for staff involved in AP(E)L.

Indicator:

Clearly defined responsibilities for students making AP(E)L claims.

Indicator:

A staff development strategy that takes into account all relevant personnel both academic and administrative.

6. **AP(E)L procedures, relevant documentation and outcomes should be included in monitoring processes.**

Indicators:

Statements re. periodic review of AP(E)L.

Inclusion of AP(E)L within course reports or equivalent.

7. **An analysis of staff development required for AP(E)L should be included within policy and practice documentation.**

Indicator:

Provision/co-ordination of staff development appears in documentation.

8. **Appropriate means of communicating credit awarded for AP(E)L should be established and included on student transcripts.**

Indicator:

A transcript showing credit for modules taken.

A means of recording credit achieved through AP(E)L.

OPERATIONAL RECOMMENDATIONS

1. **Information about AP(E)L should be available to all applicants.**

   Indicators:

   Written information available to all students who make an enquiry.

   Specific contact personnel identifiable.

   Method of disseminating AP(E))L information.

   Volume of AP(E)L resulting from opportunities.

2. **Where academic staff are involved in the guidance and counselling of students in the preparation of AP(E)L evidence, they should not normally be the sole assessors of that evidence.**

   Indicators:

   Clear channels for advice and guidance.

   An assessment process that is independent from the advice and guidance process.

   Number of staff and formally constituted bodies/boards/panels involved in decision-making.

   Sampling taking place.

   Ratification system in operation.

3. **The role and responsibilities of students will be made explicit in the AP(E)L process.**

   Indicator:

   Clear indications that it is the student who must reflect upon prior learning, collate evidence and present an AP(E)L claim.

4. **Experience on its own is insufficient grounds. APEL credits the learning which the learner can evidence from prior experience.**

   Indicators:

   Clear information about the nature of learning that will generate credit.

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5. **Evidence of learning must be assessed by academic staff using whatever means are appropriate.**

Indicators:

Clear criteria for assessment judgements.

The range of presentation options available to the student.

6. **The AP(E)L process must be equitable and capable of scrutiny and enhance quality.**

Indicators:

Parity between the student experience of AP(E)L students and non-AP(E)L students in support, number of attempts, costs and appeals.

An AP(E)L strategy that is capable of explanation and verification.

Records that show similar credit for similar learning.

Records which reflect quality of discussion and the decision-making process.

Tracking/evaluation/student feedback included.

7. **Charges for AP(E)L where they occur, and the criteria for these should be clear to students and the institution.**

Indicators:

Information provided to students at an early stage.

Costs which can be compared with module costs within the institution.

8. **Where there is a maximum and/or minimum volume of credit allowed for AP(E)L such limits should be made clear.**

Indicator:

Information on credit min/max. made available to all staff and students.

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ANNEX H

PHASE THREE: INSTITUTIONAL CASE STUDIES

PHASE THREE: INSTITUTIONAL CASE STUDIES

INSTITUTIONAL CASE STUDY NUMBER 1:

The institution had recently integrated into a higher education institution and the questionnaire in phase one of this project had been completed prior to this integration. Staff are mainly involved in teaching nursing and midwifery students and are located on hospital sites.

Institutional Issues

1. **The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L.**

   The institution differentiates between, and defines general and specific credit in documentation.

   It considers APL to be certificated learning and APEL to be uncertificated and experiential learning. However, if a student completed a certificate without being summatively assessed s/he would be required to undertake the assessment that is currently required of students on that module/course. If the certificate was completed more than five years ago the student must present supporting evidence of updating and ways in which the learning has been applied.

   Reference is made to a combined APL/APEL process but it is not clear from the documentation alone which students should be charged the lesser fee for APL or the higher fee for APEL and combined APL/APEL. For example, would the lesser fee be charged if the student had to submit for assessment or if they had to show they have updated and applied the learning; or would this only apply to summatively assessed certificated learning completed within the last five years.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

   There is very little reference throughout the documentation to the name of the university, the school being predominant. In fact, the university appears to be somewhat cautious regarding AP(E)L but the school in which nursing and midwifery is located is highly committed to this.

   Documentation makes clear reference to entitlement to AP(E)L, how this is achieved and the effect upon the student's programme of studies.

   There is a difference between the maximum AP(E)L permitted in respect of the completed questionnaire (50%) and other more recent documentation (2/3rds)

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following integration. The university permits students to AP(E)L against up to 40 credits at level 3. There is also a difference in the AP(E)L maximum which relates to whether students completed their initial pre-qualifying diploma within the institution or outside.

Learning outcomes are used throughout the award and documentation clearly sets out how students would map learning against modules and the key characteristics.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

AP(E)L is seen as an entitlement and almost a form of 'natural justice' in respect of nurses whose knowledge and skills and position in the changing education climate was acknowledged. The Co-ordinator referred to "not giving away credit" but also the need to balance this with a process that did not make it impossible for students to gain credits: in his words "treading a line".

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

A very clear six stage process is apparent which provides clarity in respect of all stages from initial enquiry, entitlement to support and notification of outcome.

It is clear that recommendations by Assessors must be moderated by a panel and ratified by an Examination Board including an external assessor. There is reference to a right of appeal but no reference to the number of attempts.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

All procedures are very clearly documented as are roles and responsibilities.

There is differentiation between the roles of Adviser and Assessor (a subject expert) but the assessment is described as a joint one.

The student's responsibilities are very clear from the initial application to enter the process through to the final submission.

Staff development began with a small group (the AP(E)L panel) learning together and developing themselves under the guidance of the AP(E)L Co-ordinator who had self-developed. This group were now developing other staff who were becoming more interested and seeking information to meet demand. The HE partner had taken little part in this or the development of AP(E)L and was described as being rather sceptical even though their education school had been offered this for some time. Those involved in nursing and midwifery education had little interest in the HE partner's input and were not discontent with the situation, stating that the professional nature of their programmes gave them confidence and that they were possibly more generous in AP(E)L because of this.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process.**

   There was no reference, in the documentation made available to the researcher, to periodic review.

7. **The institution's staff development needs vis-à-vis AP(E)L are included within policy and practice documentation.**

   Preparation of assessors is identified as the responsibility of the AP(E)L Co-ordinator.

8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on the student transcripts.**

   Students receive an AP(E)L transcript, designed by the Co-ordinator, which shows 'slots' within their intended programme of studies and which of these has been covered by AP(E)L. There is a plan to move to the university IT system.

Operational Issues

1. **The institution ensures that information about AP(E)L is accessible to all applicants.**

   AP(E)L had been widely advertised through leaflets, seminars and input on to courses; however, word-of-mouth was still the predominant method. Every student applying for the course receives AP(E)L information in the course mailing materials.

   Numbers of students for APEL are low (under ten at the time of interview).

   There is a named individual member of staff for each discipline but all enquiries pass before the AP(E)L Co-ordinator at some point. The student had spoken to a member of staff and had then contacted the Co-ordinator and had arranged for an AP(E)L session on her ward.

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

   The Co-ordinator carries out a preliminary analysis and advises the student on the basis of this. The student had found this very helpful and had valued the honesty and enthusiasm shown: this had given her confidence.

   She had received 4 or 5 hours support and had presented a draft for consideration. The Co-ordinator was very clear that he did not say whether this draft would, if submitted, be sufficient to pass, preferring to give guidance on its strengths and weaknesses.

The assessment is carried out by the person involved in facilitating the development of the claim together with another person who has subject expertise: that is, often the person who teaches the module. A viva was sometimes needed to support the claim and clarify issues before a recommendation was made to the AP(E)L panel.

The panel consisted of discipline AP(E)L Co-ordinators, Co-ordinator, and a member of the institution's Education School. The Assessor and Adviser presented their recommendations in person to the panel. This was extremely good staff development and recommendations were not always ratified.

The decision of the AP(E)L Panel was then taken by the Co-ordinator to the Examination Board for ratification. There is an external on this Board but, to date, no APEL has been sampled.

3. **The institution makes clear the roles and responsibilities of students in the AP(E)L process.**

The role of the student is clearly set out as applying to enter the process, reviewing prior experience, identifying significant learning, collecting evidence, and presenting this for assessment.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

Students presenting for APL must provide the certificate and work completed on the course in order that the institution may assure itself that the standard was similar to that required by them for the 'slot' against which the student is presenting prior learning.

Evidence of updating and application must be provided if the course was taken more than 5 years ago.

Students presenting for APEL must provide an essay and artefacts. The student interviewed had provided three 3000 word essays and artefacts for a 60 credit claim.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

APL: the institution wishes to assure itself that the learning does map into the 'slot' and is at the same level as that defined by the institution and so they reconsider work presented by the student for assessment. If it is not of the appropriate standard they will offer the student the chance to represent it in the light of feedback. If the student did not undertake a summative assessment or cannot present this material s/he would be asked to undertake the assessment for the 'slot'.

APEL: A portfolio is presented and a viva may be offered. The portfolio will contain a referenced essay and artefacts in support of the claim. The student interviewed said that she had found it necessary to do some reading around the topic areas to enable her to reference the work. Alternatively, the student could undertake the assessment for the 'slot'.

Staff undergo a staff development process and are looking for equivalent learning (it is no longer necessary to match each and every outcome in a module) and are looking for equivalent level (set by the nurse education provider using criteria from another HE institution rather than the HE institution who had accepted it as satisfactory), be authentic, relevant and current.

6. **The institution's AP(E)L processes are equitable, capable of scrutiny and of enhancing quality.**

The process was clearly documented and consistently applied. It mirrored the non-APEL assessment strategy but with some differences: that is, there were two assessors (adviser and assessor) but non-APEL level 2 assessments were single marked; a viva was offered for APEL but not for non-APEL assessments; and there was no limit to the number of resubmissions because the Co-ordinator saw APEL as 'access' even though it was specific credit whereas only two attempts were permitted for non-APEL assessment.

7. **The institution has made clear the criteria for any charges for AP(E)L, where they occur.**

The cost is between £10 (APL) - £50 (APEL). This is clearly set out but it is not completely clear which fee would be charged if the student needed to submit supporting evidence of updating and application or submit for the assessment.

8. **The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.**

2/3rd of the total award, although this is actually all of level 1, 80 - 120 of level 2 and up to 40 level 3.

Case Study Comments From The AP(E)L Co-ordinator

General Comments on Case Study A

The respondent felt this was a strong claim: it showed 'real' learning. Would need to see the pack referred to in the account. It was systematic in both the way the project was carried out and in the way the account is written. There was a variety of knowledge e.g. teaching, change.

General Comments on Case Study B

Respondent felt uneasy - insufficient to go on. A fragmented and insufficiently focused account showing limited interaction between theory and practice.

Comments on Academic Level on Case Study A

Reflective, evaluative account. Underpinning knowledge good and application to practice. There was evidence of self-criticism and the work was ongoing.

Comments on Academic Level on Case Study B

The combination of typos; inaccurate referencing and unstructured work led the respondent to feel that the student may not have sufficient logical reflective skills to claim credit at level two. It is not the academic style that is the most important thing but it can show clarity of thought and the respondent saw a tension here. The underpinning knowledge was unclear - reference to lists and tips - clarity over the difference between therapeutic and group work styles lacking. There is an unquestioning acceptance of what 'so and so' said: no 'so what' or 'why'.

Comments on Number of Credits on Case Study A

Maps on to a 20 level 2 credit 'slot' in the receiving award i.e. Health Promotion. There is potentially more credit if the student had advice about how to map against health promotion and change in professional practice.

Comments on Number of Credits on Case Study B

Even though there is no module in group work the student could be helped to focus the claim sufficiently to enable accreditation, assuming that s/he could strengthen the account and support it with some artefacts pertaining to the work.

Emerging Themes And Issues

1. Roles and Functions

The Co-ordinator: a central role since he is a repository of information, a source of advice to students and colleagues, an innovator/developer. Much of the actual quality assurance and staff development fell to him. He was also a senior member of the education team and had course leader responsibilities. Assessors were learning on-the-job by working with members of staff who knew more than they did: a feeling of all learning together emerged but they had little input from the wider HE institution. The wider HE institution seemed to have left nursing and midwifery to its own devices and this was quite acceptable to the nursing/midwifery respondent. This leaves the institution in a vulnerable position should the Co-ordinator leave or be, for whatever reason, unable to fulfil his role.

The Co-ordinator was able to encourage/filter claims before they were ever 'born' and the student mentioned her trust in him to give honest advice. This was possible because he was known to students being on a hospital site and having been associated with the previous school of nursing. His enthusiasm for AP(E)L was very clear and the student had valued/needed that enthusiasm.

The Co-ordinator is a powerful role since he is influential in determining which claims come forward and his knowledge is respected by colleagues who learn from him.

2. Language

Something in between APL and APEL exists: that is, a combination of the two, which needs to be acknowledged and provided for. Whether you call this APL or AP(E)L will influence the fee levied.

The use of the word 'access' for AP(E)L in relation to an Honours degree was interesting since students were clearly mapping learning against known and credit-rated elements of the award. This appears to be because they did not index for the Higher Award (professional award) until they had completed 240 credits. This use of the word 'access' resulted in a difference between AP(E)L and non-AP(E)L route student experience e.g. the number of attempts unlimited.

Descriptors for levels had been developed by the nurse education providers using another HE institution's criteria and then presented to their own university who had accepted them. However, the nurse education providers still were not sure what levels their own institution used and whether they were significantly different from the ones they had developed themselves.

3. Resource Implications

APL students are required to undertake the assessment associated with the module for which they are seeking exemption if they have not completed a summatively assessed course leading to the certificate. ENB statement of attendance courses were cited as non-summatively assessed: however, many such courses had rigorous assessment strategies which are not reflected in the title 'statement of attendance' on the certificate. Students are, in effect, being asked to submit for reassessment of learning they have already been certified as having achieved.

APL students presenting certificates completed elsewhere are required to present assessed work so that it can be compared with the standard expected at that level by this institution. This implies that the institution has decided that levels vary across the HE sector.

Charges levied are low i.e. £50 for up to 240 credits. Remission from other activities for anyone other than the Co-ordinator had not been formally recognised since it was seen as a part of their overall role/responsibilities. Students are entitled to up to six hours support plus assessment time for this fee. Whilst this represents very good value-for-money for the student it is resource intensive for the institution.

No thought had been given to the impact of AP(E)L on the contract with health care provider trusts.

4. Parity and Quality Assurance

Assessors are asked to account for their recommendations before the panel and this seems to be both good staff development and emphasises accountability and shared criteria.

AP(E)L, although relatively new, does not appear to have been subject to institutional monitoring. There was nothing to reassure the Researcher that the wider HE institution and the School of Nursing and Midwifery shared practices, levels or policies.

Staff are primarily (possibly only) involved in teaching nursing students and are located on nursing sites. Therefore, how much cross-fertilisation and exposure to other practices within HE sector is taking place is not known.

If students are being permitted to AP(E)L up to the final 120 credits (level 2/3) this impacts upon their honours classification in that only the new learning is fine graded (AP(E)L is pass/fail). Students who gained qualifications from within this institution have some slight advantage.

If students are permitted to represent AP(E)L claims until they are sufficient this is more in line with NVQ assessment i.e. "not yet sufficient" rather than academic two attempts (possibly a third).

There were strong similarities between this and other institutions in respect of comments made regarding Case Study A and B. Generally speaking Case Study A was viewed as a strong AP(E)L claim and Case Study B as not yet focused sufficiently to generate credit.

5. Relationship With HE

There has been a very 'light touch', though somewhat sceptical, input from the wider HE institution. Nursing and Midwifery has forged ahead with little reference to, or guidance/control from, the wider institution. There seemed to be very little the Nursing and Midwifery school could learn from within their own institution. Even their definition of levels came from another HE institution's work and was presented to their own institution as that which was being adopted. The system for AP(E)L was established by the Nursing and Midwifery school and presented to the wider HE institution more for information than approval. Any relationship between the university system and that adopted within the nursing and midwifery area would seem to be fortuitous rather than planned.

6. Development Stage

Very recently (in last year) fully integrated with HE. At the time of questionnaire completion the institution had one name and structure: since integration it has another: there is another reorganisation pending. Whilst these reorganisations were going on it appeared that AP(E)L was developing in a thought-out linear fashion and modifications made as the need emerged. The respondent was unsure of how the impending reorganisation would impact upon AP(E)L e.g. panel and boards.

The way in which the questionnaire was completed indicates the stage of development e.g. the maximum AP(E)L is cited as 50%: in fact it is 50% of the Diploma level 2 for students who wish to gain the Diploma. The Higher Award had only been validated for under a year at that time. The respondent was developing further the written publicity materials and increasing the amount of staff development so that knowledge resided in a greater number of staff members.

Staff within the Nursing and Midwifery School, rather than the HE institution as a whole, discuss AP(E)L issues as they arise and decide how things should be modified in the light of experience. The only representative from outside Nursing and Midwifery is from Education with whom they seem to have something in common.

The appropriateness of the Higher Award as it stands is currently under review through the ENB Higher Award Framework project (ENB 1997 and ongoing).

The ENB Clinical courses are set at level 2. This means that if a student who already had a diploma and could gain APL of up to 240 credits wants to undertake one of these programmes it is at level 2. This reduces his/her APL potential because of the nature of specific credit. If these were offered at level 3 the student would be able to build upon his/her level 2 APL.

7. Pockets of Knowledge/Expertise

Started from one person's interest in AP(E)L and has now grown to include a small group of six people who are now developing other members of staff. This is a significant workload if the numbers of applicants for AP(E)L increase and particularly if APEL increases.

8. Internal Consistency

The fact that it is one award for which AP(E)L is sought; small numbers seeking AP(E)L; mostly coming from our institution (geographical mobility low) and the small number of people involved in the panel it is relatively easy to ensure consistency. Could this system cope with large numbers of geographically mobile students seeking AP(E)L in respect of a variety of receiving awards?

9. Information Systems

Pre-eminence of word-of-mouth and geographically dispersed potential student population (a predominantly rural wide-spread population) means that either written information needs to be very widely available or all staff need to know sufficient to inform potential students about AP(E)L otherwise there could be pockets of 'ignorance' and unequal opportunities. Where a small number of staff with AP(E)L knowledge are teaching primarily on one site it is likely that potential students can gain telephone access to them relatively easily. However, this would not necessarily be the case if such staff were travelling between teaching sites a lot of the time or move away from hospital bases.

10. Need and Desire to Share and Collaborate

The Co-ordinator belongs to a network of health professionals involved in AP(E)L and attends national conferences etc. which he had found useful. However, he had received little input from HE and equally little from professional bodies.

11. Complexity of AP(E)L as an Area for Research

Extremely difficult to unpick the combined APL/APEL process and how this would affect fees. However, there was considerable clarity in all other aspects of the process. The word 'access' was used in a different context i.e. it being access to the final 120 credits of a 360 credit award.

12. Characteristics of Students

The student was a ward sister who was extremely organised and self-determined. She had heard about AP(E)L and arranged for a talk to her own staff on it. She had kept records of her activities over the years including lectures she had given, study days etc. and had started a portfolio (professional) before it became a requirement. She wanted to value her past but wanted an honest appraisal of its credit value. If she had not got the accreditation she would have attended the night-school sessions to gain the credits anyway. Her manager had told her that she would sponsor her if she did a management award but not if she did a clinical one. Therefore, she was supporting herself for time and money.

13. Characteristics and Issues Relating to the Receiving Awards/Programmes.

Whether something is credit-worthy is dependent upon the tightly constrained structure of the award and the fact that they operate on a module of 75 hours generating 20 credits. This means students can only get multiples of 20 credits to gain exemption from an element of the programme.

14. Other Issues

None were raised.

INSTITUTIONAL CASE STUDY NUMBER 2

This institution had yet to fully integrate with HE. Staff were located on nurse education sites and mainly taught nursing and midwifery students. The student population was geographically widespread coming mainly from rural areas with little alternative nurse education provision in the immediate vicinity.

Institutional Issues

1. **The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L.**

   Different figures were given by different respondents and on documents regarding the credit systems in operation. APL and APEL are defined but the area of overlap between the two: that is, APL requiring the support of evidence of updating and application of learning in practice, at times confused matters in the way it was written.

   There was also a less formally acknowledged form of APEL taking place which was not the responsibility of the Co-ordinator and was considered at course level.

   The complexity of the definitions was further compounded by differences between whether certificated learning was undertaken at this institution or elsewhere. The majority of applicants were from the local geographical area and had gained their certificates in this institution. This multitude of approaches presents a confusing picture to potential students. No reference to general compared to specific credit.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

   Documentation reflected commitment and entitlement to AP(E)L, making reference to it being a professional body requirement.

   There was little reference to the HE partner and little involvement of the HE partner in AP(E)L up to this point. The Co-ordinator had attempted to find out more but felt that this had not been made easy and access to some of the regulatory literature was difficult; that other matters vis-a-vis integration had taken priority; that views of the Co-ordinator were not heeded; and that, as far as the Co-ordinator could tell, the HE partner had made little use of admission with credit in the formal sense in the way that she was trying to do it, apart from limiting volume or level of credit at certain points in their developing relationship but permitting the 'rules' to change later.

   The questionnaire used in the first phase of the interview had been completed by someone more senior in the hierarchy; had not been seen by the Co-ordinator; and was not a true reflection, in some instances.

An outcomes approach was used but the level descriptors had been written by the Co-ordinator who did not know if they were the same as those used by the HE partner. The Co-ordinator was not party to policy decision-making and had expressed a number of concerns regarding AP(E)L which had gone unheeded.

There is no actual entitlement to time for students undergoing the APEL process.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

An outcomes approach is used and AP(E)L permitted although there is some ambiguity regarding the exact level and volume of credit when comparing documentation and interview data.

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

Regulations make reference to the process of decision-making, requiring professional judgement to be ratified by assessment and examination boards and including involvement of an external.

There is no reference to the number of submissions but regulations state that there is a right of appeal against the panel's 'decision'.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

There are clearly documented procedures and information is made available to all students who register for the award. However, the complexities and variations depending upon the award, where the certificate was completed, when, the form of assessment etc. mean that, in practice, it is likely that only those with an understanding of AP(E)L would be fully informed. Contact names of Co-ordinators are provided at different sites.

Documents make it clear that students are responsible for presenting a claim and that learning must be mapped against modules and their outcomes rather than credit for experience alone.

A staff handbook, developed by the AP(E)L Co-ordinator, is given to managers of education programmes and to secretarial staff but other staff do not have this.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process.**

Monitoring and evaluation are not referred to and do not appear to take place.

The Co-ordinator had attempted to raise issues regarding AP(E)L but did not feel they had been heeded because senior staff had other priorities at this time of integration. Attempts to delve into the HE institution's practices had not been actively encouraged, it being difficult to find out sufficient to appreciate the substance of it.

7. **The institution's staff development needs vis-à-vis AP(E)L are included within policy and practice documentation.**

There is little information about staff development and the Co-ordinator confirmed that there had been very little time for this.

8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on the student transcripts.**

The Co-ordinator designed and utilises well-organised tracking sheets which record the student's progress from initial enquiry to outcome of AP(E)L, including module titles against which the student has mapped his/her learning. This sheet records the rationale for decision and is a quantitative and qualitative record of discussion.

Operational Issues

1. **The institution ensures that information about AP(E)L is accessible to all applicants.**

Flyers and information sheets have been sent to managers for dissemination. The Co-ordinator had, when time allowed, spoken about AP(E)L when students were in school on courses. However, word-of-mouth is still prominent as a way of students finding out about AP(E)L opportunities and, prior to enquiry point at which a contact name is given, prospective students might not know how to find out more.

Written information is sent to all enquirers as part of the information about their course.

A preliminary interview by telephone (occasionally face-to-face) takes place.

The student interviewed did not hear of the Co-ordinator until she had made a number of enquiries. There were few students actually making claims and there were no APEL claims at the time that the research was taking place.

The student interviewed did not know whether anyone other than the Co-ordinator had been involved in the decision-making process but did know that decisions were taken to a board. She did, however, know that she had been required to show equivalent learning to elements of the programme.

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

The Co-ordinator may interview a student with a view to advising him/her regarding a possible claim and the likely outcome of such a claim: this sometimes requires a 'subject expert' to be present with the Co-ordinator. Under these circumstances, the same person might be the person asked to assess the final claim.

Students making a claim for APL plus supporting evidence (updating/upgrading) are likely to be contacted/interviewed (1 hour time allocated to this) but there is no entitlement to support.

The student interviewed felt that the initial advice was important as was the very positive attitude of the Co-ordinator.

Claims go to the AP(E)L Assessment Group (chaired by the Course Leader and consisting of senior staff plus AP(E)L Co-ordinators) and their recommendation is taken to the University Examination Board, including an external assessor, for ratification.

3. **The institution makes clear the roles and responsibilities of students in the AP(E)L process.**

The student is required to initiate and present a claim but there is some confusion due to the various different criteria already referred to. The student interviewed had found it very confusing and felt she had been reassessed when she already had the certificate and the assessments she had taken.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

Claims to date have all been based upon certificated learning supported by complementary/supporting evidence (APL/APEL combined). Students are required to submit complementary evidence if the course is not on the tariff and was a short statement of attendance course or is over five years old.

The HE partner appears to be less rigorous in admitting students with credit if their certificate appeared on their tariff and was completed within the last five years.

The student felt that nobody was quite clear what you could get credit for and felt that experience should give credit, although her entire claim had been for certificated learning with complementary evidence.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

Learning is normally assessed by a subject expert who teaches the module against which prior learning can be considered as equivalent. Statements within an A4 sheet called 'Information for Assessors' refers to authenticity, directness, breadth, quality, and currency. Work for assessment is normally presented in a folder or wallet and referred to as a portfolio.

6. **The institution's AP(E)L processes are equitable, capable of scrutiny and of enhancing quality.**

Although documented as a relatively straightforward system with inbuilt quality assurance safeguards, e.g. information availability, advice, costs, assessment recommendations, ratification, and notification, there were a number of ambiguities and contradictions and it was difficult to see, particularly without advice and clarification from the Co-ordinator, how in practice the system operated, what informed decisions as to variety of approaches, and whether there was parity in relation to costs, number of attempts, and what constituted APL/APEL or APEL. If a student on a contracted place had 49% of the learning for an ENB course module s/he could attend as appropriate and submit for assessment rather than go through 'formal' APEL. The Co-ordinator was concerned that staff at course level had not received sufficient development to be able to operate in a well-informed manner. The Co-ordinator felt that, in reality, APEL alone (as opposed to 'informal' APEL) did not happen at course level and that this had something to do with students being encouraged by education staff to use time (purchased on contract by their managers) rather than APEL out of attendance. However, the questionnaire returned in phase one of the project suggested that common AP(E)L processes are used for all nursing and midwifery courses.

7. **The institution has made clear the criteria for any charges for AP(E)L where they occur.**

The Co-ordinator felt it was probably difficult for a student to work out what the fee would be and the student concurred. For a contracted course there is no charge, AP(E)L being in the contract price; for APL alone there is a fee of £20 (the student states that she paid £20 per certificate) including an interview if needed; if certificated learning was done in this institution there is no charge for APL; if complementary evidence is needed they are charged £50 (student states she paid £50 for consideration of an OU course); a sliding scale also exists, as do varying charges for APEL according to whether it is a 10 or 20 credit module against which learning is mapped. The initial questionnaire suggested £20 for APL or APEL. The student interviewed had paid £170 for 240 credits but felt it was a lot of money (had she been required to undertake the modules she would have paid almost three quarters of this for 20 credits) since her view was that she had already been assessed and certificated for the learning she was claiming.

8. **The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.**

Whilst the questionnaire states 50%, course information suggests that students can claim 100% of level 1, 100% of level 2, 50% of level 3, stating that if a student wishes to gain a diploma s/he may AP(E)L for no more than 60 level 2 credits i.e. 50% and if wishing to gain a degree (Hons) may claim no more than 60 level 3 credits i.e. 50%.

The Co-ordinator stated that, in practice, it is possible to AP(E)L up to two thirds of the Honours degree i.e. 240 credits and therefore it is not absolutely clear the exact maximum credit.

Case Study Comments From The AP(E)L Co-ordinator

General Comments on Case Study A.

In depth. Variety of sources. Would relate to Health Education module. Breadth of information-gathering. References - could have been expanded. Attempt at analysis. Current. Would want to see package as evidence. Present format plus evidence would be OK. Would also seek to have a testimony from manager to say student had done this work.

General Comments on Case Study B.

Presents quite a few theories but does not take them further. Would need support to present work in a manner acceptable for assessment at level 2. Expression, punctuation, spelling, referencing all need attention. Need help to put something more specific together. Basic writing skills poor. Had begun to suspect that the student did not understand some of the concepts. The way it was presented i.e. construction, made it unclear what she meant. Presentation is an assessed criteria.

Comments on Academic Level on Case Study A

Level 2. Analysis present

Comments on Academic Level on Case Study B

Level 1. Descriptive. Insufficient analysis. Little evidence of how theory used in the context described. Possibly level 2.

Comments on Number of Credits on Case Study A.

10 for Health Promotion and Education Module but probably sufficient in terms of hours to give 15-20 credits. May be other areas of credit, e.g. management/teamwork, around which the student could claim.

Comments on Number of Credits on Case Study B.

Number of credits difficult because of pathway constraints.

Emerging Themes And Issues

1. Roles and Functions

Where hierarchy predominates, the Co-ordinator role needs to be occupied by a member of staff of sufficient seniority for her to be included in policy and decision-making. The Co-ordinator in this institution did not have the seniority required to be able to take issues pertinent to AP(E)L to forums which could address them nor to make decisions for him/herself in relation to AP(E)L procedures and practices.

The Co-ordinator was responsible for operationalising institutional regulations which were not responsive to need and did not seem to respond to changes and the result of experience.

2. Language

There is something between APL and APEL: that is, APL supported by updating and experience. There is a need to be able to assess learning achieved from a certificated course of study where it was a statement of attendance or completed more than five years ago. This variable use of language and the dependent accreditation strategies is potentially confusing intra-institutionally and, therefore, considerable confusion may exist inter-institutionally and in the minds of students. It transpired that APEL alone was extremely rare. Credit system is 30 hr = 10 credits.

3. Resource Implications

Senior management had not fully appreciated the labour of AP(E)L and had allowed insufficient time (Co-ordinator role was a part-time post) to fulfil the role resulting in little encouragement of students to use APEL, little staff development, and little development of practices in the light of experience.

Students have little support, although this is in line with the stated entitlement, in making claims which must include, in this institution, finding one's way through a complex and varying system.

4. Parity and Quality Assurance

Senior staff are involved in making AP(E)L recommendations but there is no assurance that seniority equates to an understanding of AP(E)L issues.

There are sufficiently different systems in operation depending upon a number of variables to make it difficult to judge parity and there is no reporting/evaluation in operation.

The role of an external on examination boards brings into question the external's understanding of AP(E)L both as a concept and as a procedure within that institution for which s/he acts as external. No sampling activity took place at the examination board.

There appears to be similarity vis-à-vis the view of this institution and others regarding the case histories.

5. Relationship with HE

The institution is just beginning the integration process and priority seems to be given to organisational issues.

The HE partner has made little impact upon AP(E)L as yet, apart from some decisions being given regarding level and volume of credit but the rationale for this has not been made available to the AP(E)L Co-ordinator.

Level descriptors have been developed by the AP(E)L Co-ordinator but there is no certainty that these are those of the HE partner and it appears that the systems operating in this institution and its HE partner are different.

One respondent described the HE partner's system of AP(E)L as lacking in substance. Certainly, there had been no attempt to provide staff development up to this point. Staff are based on nurse education sites and have little contact with HE colleagues.

6. Development Stage

Just beginning the process of full integration.

AP(E)L strategies have been established but insufficient time has been available to modify as needed and to market appropriately. This is probably a positive thing in one way since so little staff development has gone on that it would be very difficult to cope with larger numbers of AP(E)L and, in particular, APEL.

The processes had been more complex in the beginning but had been somewhat streamlined.

The student felt that 'goal posts changed' but this was, in part, due to confidence in the award of credit e.g. no longer require a portfolio to be presented for 120 level 1 credits from a registered nurse qualification and this institution now accredits EN with 120 level 1 credits.

7. Pockets of Knowledge/Expertise

Students will have different experiences depending upon how quickly they can gain access to the Co-ordinator. The student respondent described it as being OK once you had managed to 'get on the merry-go-round' but talked of 'goal posts changing'. The Co-ordinator's role was an important one, particularly at the early advice stage.

8. Internal Consistency

Initial advice and decisions as to which route is appropriate determine whether students with similar prior learning follow similar AP(E)L strategies/approaches. However, some informal AP(E)L takes place at course (rather than central) level and it was not possible for the researcher to monitor this from a consistency viewpoint. It does mean that AP(E)L may not be standardised within the institution.

9. Information Systems

Word-of-mouth still predominates. There is little time available to the Co-ordinator to market AP(E)L and information sheets are distributed to managers, who may or may not freely distribute, rather than potential students unless these are requested by a student or issued as a part of course information.

10. Need and Desire to Share and Collaborate

The site from which the Co-ordinator operated was geographically isolated and made networking difficult as did the part-time nature of this role.

11. Complexity of AP(E)L as an Area for Research

Although on the surface the system seemed straightforward, delving deeper it was extremely difficult to 'untangle' the language of the institution and how AP(E)L was operationalised, there being a number of possible scenarios and ways in which practice was affected.

12. Characteristics of Students

The student was resentful of what had happened to nurses with her experience and felt that the written predominance of AP(E)L claims worked against many nurses. She had tenaciously persevered in her attempts to find out about AP(E)L and had not fully understood why she was doing what she was doing and how the decision regarding the final outcome was reached.

13. Characteristics and Issues Relating to Receiving Awards/Programmes

According to the Co-ordinator a system of 30 hours = 10 credits operates (questionnaire states 120 hours = 10 credits). A move to more 20 credit (double) modules can make AP(E)L more difficult for students. Specific credit is determined not just by the learning of the student but by the framework of the receiving award and many people do not realise this. Level 1 credit is not offered within the framework - it is assumed that all registered nurses (including EN) come with 120 level 1. No flexibility in framework e.g. open/general credit.

14. Other Issues

Students who are geographically located where the institution has a virtual monopoly on education provision are in more of a 'take it or leave it' position than those in areas where there is a wide choice of continuing nursing and midwifery education providers. Where education providers are multi-sited students at a site distant from the Co-ordinator may have less easy access to quality information.

Students are involved in concurrent learning when making an APEL claim in that they are developing academic writing skills and reading around the topic to fill in theory where they cannot immediately recall this.

Level 1 credit in this institution is 'automatic' for both registered and enrolled nurses.

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INSTITUTIONAL CASE STUDY NUMBER 3

The institution had recently integrated with one of the two universities with whom it had previously been associated. Staff teach nursing and midwifery students and are located on various hospital sites spread across a wide geographical area, covering both urban and rural areas.

Institutional Issues

1. **The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L.**

   APL refers to certificated learning and APEL to non-assessed learning including experiential learning. However, there is difficulty separating the two since certificated learning, particular when achieved more than five years ago, needs to be shown to be kept up-to-date through education and experience. The institution uses the term specific credit to mean credit which exempts a student from particular elements of a course (equated to advanced standing) or specific modules within a course. Students have been confused by the difference between the two and the institution has made an effort to make this clear from the outset. Clear definitions of credit and levels exist.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

   The institution has utilised AP(E)L very little except within the Health and Education field. However, within the Health field there is a clear commitment to AP(E)L as an integral part of the student experience. Indeed, it has been necessary for staff working in this area to reassure other academic colleagues of the credibility of AP(E)L. A learning outcomes approach is used within health relevant awards. This approach has lent itself to translation into very specific outcomes associated with specific modules and more general outcomes associated with the overall themes of awards. Students seeking exemption from specific modules must map learning onto these outcomes whereas students seeking to enter awards may map their learning against the overall theme outcomes of the award.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

   AP(E)L is considered as integral to the award and the framework is designed to make it easier to determine one's learning needs. Documentation guides students in relation to various options available to them in line with their particular learning needs.

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

   The regulatory framework requires all claims to follow the same process and to be subject to scrutiny by the identified staff both individually and at committees, within school and at central university level. There was contradiction vis-a-vis the role of approval committees in that in two documents it appeared that final confirmation followed a panel meeting whilst in others (corroborated by interview) it followed a subsequent examination board.

There was no reference in documentation seen by the interviewer to the number of attempts and appeals. However, data gathered from the interviews suggests that a student may have two attempts at submission of an AP(E)L claim, after which s/he may opt to take the module/s and their standard assessment.

At present there is no scope for level 3 AP(E)L claims within the regulatory framework.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

Written information is available to help students understand AP(E)L and develop their claims. Information available for staff regarding roles and responsibilities, processing claims, intervention points and assessment roles/responsibilities. Examination boards and external examiners/assessors receive an annual sample of AP(E)L. The responsibilities of the student are defined and make it clear that it is the student who initiates and develops the claim, working upon advice. The institution is keen to ensure that students do not embark upon a claim that is likely to result in disappointment and have built into the process early realistic advice both to the student and to staff involved with the student.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process.**

The process of AP(E)L is kept under review by a Co-ordinator. Records of assessment decisions and outcomes are maintained using standard documentation. Regular meetings take place between staff involved in AP(E)L on different sites using the Co-ordinator as the pivot.

7. **The institution's staff development needs vis-à-vis AP(E)L are included within policy and practice documentation.**

No reference to staff development was seen but the Co-ordinator has initiated development through inviting those unfamiliar with AP(E)L to attend meetings of Advisers and Assessors in order to become familiar with the issues. Assessment is carried out by two members of staff and module leaders/expert advice is sought which involves other staff in the process of decision-making. No centrally organised staff development had been introduced.

8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on the student transcripts.**

A database was maintained showing credit gained against elements of the award/modules. Students receive written notification of the outcome of their claim.

Operational Issues

1. **The institution ensures that information about AP(E)L is accessible to all applicants.**

    The Co-ordinator could not be sure that all applicants definitely receive a written information leaflet at the point of enquiry nor that there is equally wide dissemination of information about the opportunity to AP(E)L. This is influenced by patterns of circulation and dissemination within this multi-site geographically-dispersed school.

    Optional briefing sessions are available in support of written documentation and administrative staff notify potential students of this should they have expressed an early interest in AP(E)L.

    Road-shows have been used as a means of disseminating information and helping students access opportunities.

    The student interviewee had found out through information cascaded from a manager and had attended a briefing session.

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

    Students are directed to named advisers who are the initial point of contact. Should the student put forward a claim, using guidelines provided, s/he would either meet to discuss over the telephone what kind of evidence might support the claim, how this might be put forward and the likely work involved. The Adviser would also have consulted with a member of institution staff from outside the school in order to ensure that the evidence suggested was deemed acceptable. If the student proceeds with an APEL claim s/he would be allocated an Adviser who would support him/her in developing the evidence in support of his/her claim. Once this evidence was presented it would be assessed by two members of staff, one of whom had not been involved in developing the claim. This was problematic for the institution since frequently the person best placed to advise over claim development was also the best person to make an assessment judgement e.g. the module leader for a specialised clinical aspect. Following this, the recommendation would be placed before a panel to consider the claim and, following further scrutiny, ratification of outcome. The student interviewee did not have a clear idea of who was involved in making the decision or why.

3. **The institution makes clear the roles and responsibilities of students in the AP(E)L process.**

    APL: Students make an APL claim using standard documentation. Students who completed a course more than five years ago are required to supply additional evidence in relation to up-dating and application of this learning in their current work context. For students who completed a course within the last five years are required to supply examples of assessed materials and testimony from a manager regarding their application of outcomes to current practice.

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APEL: The student is responsible for initiating and developing his/her claim with support from written materials which help him/her focus upon outcomes and staff nominated for this purpose. Students are advised to focus on certain corroborative evidence and where the evidence is insufficient advice is given as to what additional learning e.g. reading or attendance, or further evidence could be developed e.g. essays or assignments.

The student interviewee had supported his certificated learning (most of which was more than five years old) with considerable reading and a number of essays mapped against particular themes and elements within the receiving award. He had adhered to guidelines on wordage and finally provided a total of 6500 words in support of certificated learning.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

The outcomes approach is used to guide students towards considering learning from experience. The student is required to show achievement of the academic level though these outcomes. Where learning from experience is insufficient to support the underpinning theory required by the institution for academic credit the student is permitted to include concurrent learning with his/her claim.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

Judgements are based upon shared criteria in relation to levels and specific outcomes. An assessor commented that it was probably easier to assess AP(E)L claims if one had experience of more flexible assessment methods such as portfolio, presentation, learning contract etc. A student may be invited for viva in support of a claim. Assessors are required to document their rationale and to discuss it before colleagues prior to the recommendation going to the panel.

6. **The institution's AP(E)L processes are equitable, capable of scrutiny and of enhancing quality.**

The institution felt that the AP(E)L process was hard work but equivalent to that involved in other forms of assessment. The mechanisms established to process, assess and ratify claims mirrored that of non-AP(E)L assessments. Claims would eventually reach the examination board dealing with non-APEL claims in respect of the same outcomes. The fees charged represent considerable saving on module costs, being less than a standard module regardless of the number of credits, but were a loss of revenue to the institution.

The institution continually monitors and modifies in the light of emerging practice and insights gained. In the words of the Co-ordinator, "Just when you think you have got to grips with it something else comes up".

7. **The institution has made clear the criteria for any charges for AP(E)L, where they occur.**

Charges are made clear from the outset. The institution is losing money through AP(E)L since they have adopted a very rigorous approach. In an attempt to lessen this the Co-ordinator has taken steps to develop a more efficient means of processing and assessing claims which is proving effective at present.

8. **The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.**

Students may AP(E)L up to two-thirds of an award but may not include level 3 within an AP(E)L claim.

Case Study Comments from the AP(E)L Co-ordinator

General Comments on Case Study A

Reflective, analytical, applied theory to practice. Did not just accept theory at face value but applied it in a critical way. Needs further work on underpinning theory of health promotion. Would want to see evaluations. However, nearly there in terms of presentation if supported by the package.

General Comments on Case Study B

Descriptive and insufficiently focused. Lot more work to be done on this. Not well developed - highlights problems but does not go on to analyse.

Comments on Academic Level on Case Study A

Level 2.

Comments on Academic Level on Case Study B

Level 1 but with further work level 2.

Comments on Number of Credits on Case Study A

15-20 against health promotion.

Comments on Number of Credits on Case Study B

Potentially 20-30 with further development.

Emerging Themes And Issues:

1. Roles and Functions

The Co-ordinator has other roles to fulfil and her drive, commitment to, and enthusiasm for AP(E)L coupled with her satisfaction in relation to seeing students gain credit or a degree has developed a team of staff who are well informed about AP(E)L. This is critical when geographical spread is as wide as this. Workloads seemed high and AP(E)L was an addition to this.

2. Language

It was necessary to determine how words like 'general' and 'specific credit', 'advanced standing' and 'access' were being used before it was possible to gain an understanding of what was explained. This institution has a different term for describing a particular role and this was initially very confusing to the interviewer since in other institutions this refers to a document rather than a role. They also use the word 'adviser' to describe an assessor who has not been involved in the development of a particular claim. Whilst these roles are obviously interchangeable in the context of different claimants it is potentially confusing to an outsider. There is a blurring between certificated and experiential learning in respect of certificated learning completed more than five years ago.

3. Resource Implications

The loss of revenue is clear from this account. If an institution charges less than a module fee for an AP(E)L claim resulting in exemption from a number of modules, particularly where they carry considerable credit, the institution neither recovers the true cost of AP(E)L nor the income which would have resulted from the student enrolling on those modules.

Workloads do not seem to take into account the time needed to advise on, process and assess claims for AP(E)L. Whilst this may be seen as ultimately reducing the number of assessments staff have to mark it is potentially more time-consuming.

4. Parity and Quality Assurance

Effort is made to ensure that each student undergoes the same process and that decisions, based upon agreed criteria, are discussed with colleagues, agreement reached and outcomes ratified. Staff are dispersed geographically and the Co-ordinator has developed communication channels and documentation designed to ensure a standard approach to AP(E)L.

Because of the time scales involved e.g. cycles of examination boards, a student can be given an informal indication of the outcome enabling him/her to embark upon further learning as soon as possible.

The evidence requirements for students with certificated learning are time-consuming and extremely rigorous but the institution feel that they need to adopt this approach because of the variability of certain awards such as ENB numbered courses.

Students may be including considerable concurrent (new) learning with an AP(E)L claim as a means of evidencing achievement of all outcomes.

5. Relationship with HE

The university does not seem to have much to do with AP(E)L but a university verifier is involved at an early stage as a safeguard, ensuring that the university does not subsequently maintain that a student has not submitted appropriate materials and thus has to resubmit when s/he had been led to believe that s/he would have met requirements.

6. Development Stage

A recent integration. Developing a system which is acceptable to the HE institution as a whole. Continually reviewing AP(E)L operations and adjusted as required.

7. Pockets of Knowledge/Expertise

An attempt has been made to spread knowledge and expertise widely so that students on various sites can gain easier access to AP(E)L opportunities. Cascade training in operation.

8. Internal Consistency

The Co-ordinator is central to this and has responsibility for ensuring that a standard process, documentation and criteria are used. She occupies a senior role.

9. Information Systems

No information available.

10. Need and Desire to Share and Collaboration

No information available.

11. Complexity of AP(E)L as an Area for Research

No information available.

12. Characteristics of Students

No information available.

13. Characteristics and Issues Relating to the Receiving Awards/Programmes

No information available.

14. Other Issues

No other issues raised.

INSTITUTIONAL CASE STUDY NUMBER 4

This college has multiple HE institution partners and, at the time of interview, was about to enter into full integration with one of them: this was not the HE institution whose CATS system had been adopted by the college. The teaching staff were located mainly on hospital sites but had some input into non-nursing programmes. It is clear that the institution is continually developing and it should be born in mind that the student respondent had presented her AP(E)L claim in the very early days when both staff and students were new to AP(E)L.

Institutional Issues

1. **The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L.**

   Although it was clear that the college acknowledges the difference between access, general and specific credit as being that the former is up to the point of entry and the latter results in exemption from elements of an award, there were occasional differences between documents, the completed questionnaire and the respondents regarding the use of these terms. For example, at one point the term 'specific general credit' was introduced as being that which is permitted against non-compulsory elements of an award but another document refers to 'general credit exemption' against non-compulsory elements. It is potentially confusing that one acronym used in this institution would have a significantly different meaning if used in the other institutions in this survey. There are instances of that acronym being variously defined within different documents.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

   There was very little reference to an HE institution by name or inference perhaps due to their multiple partnerships and stage of integration. The college name predominates in documentation which shows, a clear commitment to AP(E)L: indeed it is made clear that AP(E)L is an integral part of their awards and that most students would seek AP(E)L. A learning outcome approach, linked to levels as defined by the college, was evident, making it possible for students to map prior learning against elements (not individual outcomes in particular) of an award. College staff were highly committed to both the philosophy and the need to get the procedures/processes established. There was some uncertainty as to how full integration with one of their partner institutions would impact upon such things as maximum AP(E)L permitted, particularly the use of APEL.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

   Entitlement is clearly identified and a module outcomes approach in use.

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

There is a clearly established strategy from initial enquiry to notification of outcome. Each stage in this process involves different personnel i.e., Adviser, Assessor, Nursing/Midwifery AP(E)L panel, a final ratification committee and a formal ratification committee with a remit wider than nursing and midwifery. AP(E)L is integrated within the CATS development as a whole within the college. It was apparent that students could represent work, although the number of occasions was unclear, but there was lack of clarity over whether appeals were open to AP(E)L students.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

The college has a CATS Manual available to all staff which provides clear information. The roles of both administrative and academic staff are clearly set out, as are the roles of panels/committees involved in the decision-making process. The value of a good administrator (saving academic time) was recognised within this process. There was a very clear and monitored staff development strategy. Considerable effort was put into developing staff understanding of CATS as a whole and systems were being refined continually.

Information available to students was, on the one hand, possibly misleading whilst on the other very clear. For example, in one document which a student might receive at an early point, there was a suggestion that experience might merit credit. However, in another document it was clear that claiming experiential learning requires the student to identify his/her learning and must provide evidence to confirm the learning. Documentation to students was less clear about what happens after the point of submission. Up to this point roles, responsibilities and actions were clearly shown, with an emphasis on the student seeking advice before embarking upon a claim. There was no reference in materials issued to students, and made available to the researcher, regarding the complexity of the assessment/recommendation and approval process.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process.**

Panels involved in AP(E)L decisions provide periodic evaluative reports to an academic committee.

7. **The institution's staff development needs vis-a-vis AP(E)L are included within policy and practice documentation.**

Staff development is planned and co-ordinated as part of a comprehensive development programme in relation to CATS and assessment issues in general. A database is maintained.

8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on the student transcripts.**

The college has designed a transcript. This shows elements of the award covered by AP(E)L and those yet to be completed. Students are notified of the outcome and its relationship to a pathway of new learning.

Operational Issues

1. **The institution ensures that information about AP(E)L is accessible to all applicants.**

A wide range of small leaflets exists as well as high quality college brochures. Information goes to applicants in course materials and there is a separate AP(E)L leaflet available. The college has held open events, and the Co-ordinator had provided input when students were studying other courses. A telephone contact number is advertised. There is an administrator available to answer the telephone, deal with preliminary enquiries and pass callers on to the Co-ordinator if appropriate. Written information goes out to all enquirers. Initial advice includes helping the student to understand that they can embark upon an award that maximises their potential credit from prior learning and builds on this or one which offers them the opportunity to gain the maximum from new learning but which means they do not get the full credit they could have gained from prior learning. This is important since should a student wish to take an ENB clinical award these are located within level 2.

The student respondent had heard about AP(E)L whilst on another course. She felt that she had to 'pin someone down' to get details and to be very self-directing in seeking information. For this reason, she felt that others were not aware of what was available and wouldn't seek it out because they didn't know it was there!

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

The process from initial enquiry to point of submission of APL and APEL claims is very clear. The administrator acts as a filter and conduit and is well informed about procedures and practices. However, this person does not have a nursing background but was, at times, helping students consider the impact of their choice of award and AP(E)L vis-à-vis their future professional development as a preliminary to making a decision. The administrator met with claimants for both APL and APEL which was a considerable time investment. This was felt to be necessary in respect of APL because due to anomalies in courses with the same title it was frequently not as straightforward as it seemed. Students are referred on, by appointment, to an academic member of staff. If the student determines to present an APEL claim they would be allocated an Adviser and an Assessor. There is a clear differentiation between the roles of Adviser and Assessor in the case of the same student. The recommendation of the Assessor is taken before a Nursing and Midwifery AP(E)L panel with both internal and external representation and finally ratified by an academic committee having overall responsibility for academic issues at which an external is, once again, present. No sampling of AP(E)L claims had taken place to date.

The student had found it difficult to get sufficient information in the early stages and felt that those offering advice did not themselves have a clear understanding of what was required. For example, she had not known for a long time that you mapped prior learning against a specific pathway and was developing an unfocused portfolio along general credit lines. She had been annoyed when she discovered that the APEL Module wasn't compulsory as she had thought/been led to believe it was. This was further annoying since she had been required to pay for it whilst it appeared that the HE institution who validated the award charged less for AP(E)L. Once on the APEL module however she had found that a gradual realisation had dawned vis-à-vis what was needed.

3. **The institution makes clear the roles and responsibilities of students in the AP(E)L process.**

Credit was described in documents and verbally by staff, as being something you earn rather than automatic. The student is required to consider his/her intended programme and to show where learning has already been achieved in relation to those elements. However, the student respondent had not understood this for some time, not understanding what she could and could not claim and, in the end, had found out from another source i.e. someone more directly associated with the HE institution than those immediately involved in facilitating development of her claim.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

Students are required to present information and evidence including testimonial confirming authenticity. Students are asked to identify the general credit exemption they are seeking (non-compulsory elements of the award) and those modules from which they are seeking specific credit exemption. Evidence of achievement is through a general portfolio and linking statements about where the match/equivalence exists.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

Students complete a short claim form in relation to certificated learning on which they are required to indicate what general or specific credit they are claiming and a summary/rationale. For experiential learning a similar process is followed but the student must identify experiences, skills, knowledge and its application in practice. The claim is presented in portfolio form. Decisions are usually based upon this alone without resort to viva.

Members of staff assessing an AP(E)L claim have clear criteria in relation to levels (set out in documentation).

Level 1 - Ability to literature search, read, review literature and consider impact of communication. Use of IT skills.

Level 2 - Evaluation and application of knowledge gained from literature, construction of questionnaire and quiz, analysis of individual components making up the presentation.

Level 3 - Skills of self reflection, decision making and ability to set in context. Addressing own value system.

They are provided with the modules/outcomes against which the student is claiming. They are provided with information about the chosen award/pathway and which elements are compulsory and optional since this affects how much 'general credit exemption' or 'specific credit exemption' may be recommended.

The student thought decisions were based upon a standard (level) that was associated with a module and knew that the Assessor would have to be sure that the work was authentic.

6. **The institution's AP(E)L processes are equitable, capable of scrutiny and of enhancing quality.**

The AP(E)L process is capable of scrutiny up to the point of decision-making when it becomes more difficult to ascertain the exact criteria upon which a judgement is reached in respect of degree of match/equivalence between prior learning and elements of the award. The strategy has been refined through experience and accumulated knowledge. Quality of student experience is likely to be affected by the point of entry i.e. more recent students would be likely to have experienced a smoother and more authoritative/informed process. The assessment process for AP(E)L claims mimics that of non-AP(E)L students.

When making the comparison between AP(E)L and other assessments the student acknowledged that AP(E)L was not an easy option. It required a different way of thinking which involved accounting for what you had done. The student acknowledged that it was easier to provide evidence of achievement where you had a teaching pack or something similar to present and work around and that if she were to have another opportunity to AP(E)L she would avoid doing it if she had to really draw out learning for which she had little documentary evidence. She compared the work involved to that on new learning modules in which she had been taught by a teacher, made notes and had a fixed assignment with a word limit on a given topic but felt there was similarity in that nursing students today were less 'spoon-fed' than previously.

There is an efficient, administrator-monitored transcript system in place and this shows learning covered by AP(E)L and new learning to be completed prior to achievement of the award.

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7. **The institution has made clear the criteria for any charges for AP(E)L, where they occur.**

The student believed that she paid a standard fee of £130 for the APEL Module and £20 for each 'mark' (this appeared to relate to the number of modules claimed). This indicates that students are paying by credit. No fee for certificated learning alone is mentioned in any documentation seen by the researcher. In respect of the AP(E)L Module which could be completed via both taught and distance learning routes prices vary from £85 - £115 although it is not clear whether the fee increases depending upon the number of credits sought/gained. The questionnaire states a fee of £30 for both APL and APEL.

8. **The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.**

There was some uncertainty/discrepancies as to the maximum APEL permitted. Figures of 75 and 50 percent were cited by different respondents. However, it was difficult to associate this with examples in documentation regarding how much credit could be claimed at each level in respect of certificate, diploma, degree, and honours stage.

Case Study Comments From The AP(E)L Co-ordinator

Two representatives of the college provided comment.

General comments on Case Study A

Adviser A:

This student would be likely to get general credit and more credit than student B but the Adviser would need to discuss an intended programme with student. Student A would not need to modify the claim as much as B. She would need to produce the pack and testimony that she developed and show how it had been used.

Adviser B:

Well expressed and well presented account. Student would need to back it up with evidence. Skills are implied such as problem-solving, research, teaching, reflection and self awareness. Skills of application, evaluation, innovation, analysis and synthesis are apparent.

General Comments on Case Study B

Adviser A:

Less credit than A but needs to talk it through and it depends upon which programme she intends to do. A description rather than a demonstration of ability. Some underlying knowledge and evidence of reading. Not well expressed. Did not seem to have her act together.

Adviser B:

Descriptive rather than discursive. Some knowledge demonstrated.

Comments on Academic Level on Case Study A

Adviser A: Level 1, 2 and 3.

Adviser B: Level 1, 2 and 3

Comments on Academic Level on Case Study B

Adviser A: Level 1 and 2

Adviser B: Level 1 and 2

Comments on Number of Credits on Case Study A

Adviser A:

If general credits:	If specific credits:
Level 1 Min. 120 Max. 120	Level 1 Min. 60 Max. 120
Level 2 Min. 30 Max. 90	Level 2 Min. 30 Max. 60
Level 3 Min. 0 Max. 30	Level 3 Min. 0 Max. 30

Depending upon how she wished to use the credit.

This was based upon Reg. Nurse 120 level 1; ENB 998 ; research skills; other skills which the researcher could not comprehend beyond the fact that they were mainly around a nursing process approach of problem-solving etc. which the Assessor felt would transfer to other areas.

Adviser B:

If general credits:	If specific credits:
Level 1 Min. 120 Max. 120	Level 1 Min. 60 Max. 120
Level 2 Min. 30 Max. 90	Level 2 Min. 30 Max. 60
Level 3 Min. 0 Max. 30	Level 3 Min. 0 Max. 30

Comments on Number of Credits on Case Study B

Adviser A:

If general credits:	If specific credits:
Level 1 Min. 60 Max. 120	Level 1 Min. 30 Max. 90
Level 2 Min. 30 Max. 60	Level 2 Min. 0 Max. 20
Level 3 Min. 0 Max. 0	Level 3 Min. 0 Max. 0

Adviser B:

If general credits:	If specific credits:
Level 1 Min. 60 Max. 120	Level 1 Min. 30 Max. 90
Level 2 Min. 30 Max. 60	Level 2 Min. 0 Max. 20
Level 3 Min. 0 Max. 0	Level 3 Min. 0 Max. 0

Emerging Themes And Issues

1. Roles and Functions

A small core of highly motivated staff have developed the procedures and practices and provide both first port of call and co-ordination roles. The college has invested in staff development for administrative and academic staff and this has enabled a more co-ordinated and tracked approach to be offered. Initial advice is extremely important and valuable academic time is saved by a well-informed administrator acting as first contact. The administrator has other aspects of admission in her sphere of responsibility and is a very useful source of information for those enquiring on matters other than AP(E)L.

2. Language

One element of terminology is at variance with that in other institutions in the survey (and the wider academic community in general) and this could lead to inter-institutional confusion and confusion on the part of students unless they have no contact with other institutions. It highlights the need to clarify definitions prior to entering into discussions between people in the same field of work. The notion of general and specific credit has a clear meaning within the institution but again there is potential for confusion between institutions.

3. Resource Implications

All students are seen in person. This can take up to an hour during which they receive initial advice. Subsequent to this all APEL candidates would be seen by the Co-ordinator. This is a considerable time investment. The use of an AP(E)L Module offsets potential costs of one-to-one support. This however, must itself be offset by the number of stages within the decision-making pathway which involves no fewer than three committees. This must also slow decisions down.

There has been a commitment to, and investment in, staff development. This has created a larger pool of staff with both interest and awareness in AP(E)L which is firmly integrated within awards.

4. Parity and Quality Assurance

The process is monitored, reports made and records kept. There is clearly not just one person involved in this decision and yet it is the basis for that first recommendation that is difficult to elicit vis-a-vis sufficiency for the recommendation of a certain volume of general and specific credit. The answer may lie in the degree of scope for professional judgement. However, the two Advisers who reported on the case scenarios gave exactly identical figures.

5. Relationship with HE

The HE institution partners had seemingly placed a very light hand upon the college. However, a representative from one of the universities (not the one they will shortly integrate with) is on all three committees involved in the second recommendation and ratification process. Members of staff were unsure how their new partnership will impact upon AP(E)L.

6. Development Stage

The system is well established and monitored and co-ordinated from both an administrative and academic viewpoint. If the credit tariff currently adopted is not the same as the new partner institution this could result in a considerable curriculum and document redesign exercise which could have potential knock-on effects for students making AP(E)L claims at the point of transition.

7. Pockets of Knowledge/Expertise

The college has invested in expanding the initial pool of expertise. However, those with a high degree of involvement are still few.

8. Internal Consistency

9. Information Systems

Good tracking and transcript systems are maintained by an administrator.

10. Need and Desire to Share and Collaborate

Staff were keen to find out what happens in other colleges, particularly in respect of nursing and midwifery students. The Co-ordinator was aware of a network but was, geographically, somewhat distant from it.

11. Complexity of AP(E)L as an Area for Research

This was further highlighted during this case study. The use of language, definitions and acronyms led to some confusion even though the respondents and researcher were employed in the same sphere of activity. It is inevitable that, in trying to understand a complex process, one must try to equate terminology with elements of a process with which one is familiar. This further confirmed that the researchers had been right in making their decision that, in order to gain information that would be of any use, they would have to stick to the questions/areas of the interview schedule, but would have to interrogate the data (and the respondent) sometimes to a considerable degree if they were to gain anything more than that which could have been achieved in a second questionnaire. A research assistant without a nursing and midwifery AP(E)L background would have found this impossible.

12. Characteristics of Students

The student was mature and self-directing. She had demonstrated tenacity and ingenuity during this process but, with hindsight, was able to equate changes in nurse education as a whole with her experience of AP(E)L. In this way it had formed a valuable precursor to her award.

13. Characteristics and Issues Relating to Receiving Awards/Programmes

This case study highlights the way in which AP(E)L engages with different learning intentions and awards. It is a good example of how one can maximise the value of prior learning, topping up with complementary new learning or can gain less credit for prior learning but broaden and deepen new learning. Nursing and Midwifery students undoubtedly fall into both the camp of those who want a degree as quickly as possible and those who want to 'savour' new learning and develop through it.

The award considered in this case study enables students to take (i) a less focused pathway with more optional elements and therefore more potential to integrate prior learning, or (ii) a focused pathway showing more compulsory modules which is likely to minimise the extent to which prior learning can be integrated. Curriculum design can, therefore, be an aid to recruitment of both types of learner.

14. Other Issues

Professional judgement is a difficult concept to describe in relation to any issue. As such it is also a potential source of disparity.

INSTITUTIONAL CASE STUDY NUMBER 5

Nursing and midwifery education are offered from an established faculty within this HE institution. Staff teach students from disciplines other than nursing and midwifery and are based on the main campus. A college will shortly be integrating. The institution is located in a highly populated urban area.

Institutional Issues

1. **The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L.**

   The institution has clear definitions in respect of credit, outcomes, credit volume, and academic levels. The term general credit is defined as learning that, whilst relevant to the overall themes of the award, equates to optional elements. Specific credit refers to learning matched to specific modules which form the compulsory elements of a course. The term access is somewhat confusing since it may mean access to a course which requires the student to hold the equivalent of two thirds of the credit prior to entry i.e. a 'top-up' course. One acronym used by this institution has a different meaning from that adopted by the majority of institutions in this survey.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

   The faculty is committed to AP(E)L and to acknowledgement of learning as a result of experience in practice settings. Academic staff with a nursing background have been instrumental in assisting the institution to develop both CATS and AP(E)L strategy and documentation. Members of the faculty had found it necessary to encourage the university to move forward on a number of fronts in respect of CATS, AP(E)L, and academic credit for practice.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

   All nursing and midwifery programmes are credit-rated and use a modular outcomes approach which supports APEL claims in that the student can see more clearly what it is s/he is claiming against if seeking specific credit. The institution had responded to market demand for credit-rated opportunities and of pressures to offer AP(E)L opportunities. Generic documentation advises that a student *may* be able to claim credit rather than suggesting it is an automatic entitlement. More specific documents relating to awards likely to be selected by nurses and midwives suggests that AP(E)L is likely to be offered. It assumes that all certificate level learning is covered by nursing and/or midwifery registration.

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

The institution's documentation sets out the AP(E)L process. These processes are adopted across the institution. There is, however, no reference to the number of attempts or appeals. It transpired that students are not deemed to have failed since the approach is that they have not yet provided sufficient evidence of prior achievement and, therefore, may continue to collate and represent. It was less clear whether appeals were permitted.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

The AP(E)L procedures involve both administrative and academic staff. Documentation sets out in both written and diagrammatic form a clear process from enquiry to final outcome. The administrator deals primarily with processing APL claims, receiving requests, completing tracking documentation, liaising with academic assessors, and monitoring the claim through to final notification. Academic staff are identified as Advisor or Assessor. The diagram includes panels and examination boards. Although this information was apparently available to all staff and students the student interviewee did not think that she had received any such written information.

The role of the student is set out within documentation and makes it clear that the student is responsible for initiating, developing and presenting the claim.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process.**

There are a relatively small number of staff involved in AP(E)L and they act as co-assessors when working with those new to assessments in an attempt to ensure criteria are clearly understood. A panel considers all claims and because of its composition and size, and the volume of claims, would be likely to recognise failure to adopt institutional procedures or decisions where lack of parity was apparent. Following panel consideration the claim is placed before the examination board for the award within which the AP(E)L claim is lodged. An external sits on this board and has the right to sample (and has taken this opportunity). The institution had, at the time of the visit, chosen not to adopt the credit transfer tariff because of the variability of certificated learning even in respect of courses leading to the same ENB award.

7. **The institution's staff development needs vis-à-vis AP(E)L are included within policy and practice documentation.**

The institution's CATS Co-ordinator organised two days staff development per year. Staff development went on within the faculty on an experiential learning basis and colleagues learned together through discussion, debate and experience. There was considerable knowledge within the faculty and this had been utilised by the institution as a whole.

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8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on the student transcripts.**

The faculty Co-ordinator had developed documentation capable of showing elements of the student's award and how these were covered e.g. by AP(E)L or new learning. Students received written notification of the outcome of their claim.

Operational Issues

1. **The institution ensures that information about AP(E)L is accessible to all applicants.**

Information is included within course literature but word-of-mouth is still the most effective method. Study days have been offered for those considering making a claim. The team of staff, both administrative and academic, is relatively small and all are informed about AP(E)L sufficient to offer advice and redirection to the Co-ordinator if necessary.

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

Staff who advise in respect of APEL claims (usually the Co-ordinator) would not act as assessor for the same student. Two other members of staff assess the claim: one would have subject knowledge in respect of a general credit claim or be the person who teaches the module if the claim was for specific credit. It was sometimes difficult to achieve due to the size of the team and the nature of claims. There is a student handbook available, although the student interviewee denied having seen this and had relied upon one-to-one contact with her Adviser. Following recommendation, the claim is placed before a sub-panel and panel and finally ratified by the examinations board for the receiving award. This can take up to six months from initial enquiry to final notification. However, students may be given informal notification if their programme requires them to commence before this.

3. **The institution makes clear the roles and responsibilities of students in the AP(E)L process.**

The student is clearly required to initiate, develop and present his/her claim in respect of both APL and APEL. The student respondent felt that nurse education had changed generally and was more in line with the requirement of AP(E)L to be self-directing. She felt that the AP(E)L process was fair, particularly since she had gained what she had sought and she had been sceptical initially regarding her ability to achieve it.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

The student handbook makes clear that it is the learning that comes from experience that should form a claim and that this should be made in terms of learning outcomes.

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Students are required to reflect upon learning, collate evidence, index and cross-reference. They must make clear theoretical underpinning and show evidence of equivalent academic level. This must relate to specific outcomes of compulsory modules if exemption is sought.

However, the student interviewee had developed a portfolio that was more general than specific, following the work she had seen being undertaken by friends in respect of the Higher Award. She had presented this at draft stage and the feedback had indicated that it needed reworking if it was to meet the requirements of this particular receiving award. The Co-ordinator felt that this misperception was not uncommon and that advice from the professional body had been misinterpreted by some students who had obtained the ENB portfolio or followed a professional portfolio type approach to present an APEL claim.

The student interviewee maintained she had not seen any written guidelines and so she had provided what she thought was needed up until that point. After advice from the Co-ordinator she had undertaken considerable reading to support her claim. She had made a link between the wordage and standard and her claim reflected this although the Co-ordinator offered this as a guide only.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

APL was not felt to be as straightforward as it seemed because of the variability of courses leading to awards. This had been clearly demonstrated in relation to ENB awards even though courses resulted in the same certificate.

APEL claims are judged on the basis of authenticity, currency, relevance, and level as evidenced through reflection, logic, argument, analysis and reasoning. The institution has two undergraduate academic levels but the interviewee felt that there was a transitional level (this was also referred to in institutional documentation). Students making APEL claims might be at the end of the continuum furthest from the honours award and that this should be acknowledged.

Staff found it easier to assess claims if they had experience of flexible assessment methods such as learning contracts, projects and presentations because they were seeking confirmation of a fit between student learning and outcomes of modules. Whilst the Co-ordinator was very keen on evidence of integration of theory and practice through referencing, the Assessor felt that referencing was something that could be picked up at a later point. What was important was to ensure that the student had a knowledge of important theory necessary to carry out practice effectively.

It is possible for students to undergo a viva in support of a claim or to undertake further recommended learning activities if the claim is insufficient to meet each and every outcome within the module for which exemption is sought.

The student, however, was not sure how the judgement was made and which elements of her claim resulted in credit. She knew that there was more than one person involved in making the decision and the total volume of credit she had achieved.

6. **The institution's AP(E)L processes are equitable, capable of scrutiny and of enhancing quality.**

The institution is very concerned about standards. It is geographically placed so as to experience considerable competition from other HE providers and pressure from both individual students and employers to accredit prior learning. Some students had misperceived professional body guidelines and sought accreditation for experience rather than learning or for professional (generalist) portfolios and such students perception of this institution was that it was elitist. On the other hand, academic staff were aware of sceptical views of some other academics and professionals regarding AP(E)L as a less rigorous route.

They were attempting to maintain a fair and equivalent standard. At the moment they saw their system as being at a development stage in which they were not sufficiently confident to relax some of the controls and balances and this meant that AP(E)L was costly to the institution and time-consuming for all concerned.

7. **The institution has made clear the criteria for any charges for AP(E)L, where they occur.**

APL is offered free of charge although there is some confusion between the completed questionnaire and interview data. The APEL fee is £80 regardless of volume of credit. An APEL Module (credit-rated) is available at the standard module fee.

8. **The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.**

There was some confusion between the questionnaire and interview data regarding maximum credit permitted for AP(E)L. This was mainly due to a recent change. The current figure was two thirds of the award.

Case Study Comments From The AP(E)L Co-ordinator

General Comments on Case Study A

Descriptive. Needs to tease out theoretical underpinnings, more in-depth and explicit re. change process, design of package, process/use of package. Needs to link theory and practice interacted more.

General Comments on Case Study B

More an academic essay rather than evidence. She told of her experience - an account of how groups work. Possibly doesn't understand experiential learning. Needs more detail of how theory applied in practice.

Comments on Academic Level on Case Study A

Advanced (equivalent to 2/3).

Comments on Academic Level on Case Study B

Advanced (equivalent to 2/3).

Comments on Number of Credits on Case Study A

30 - mapped to the 30 credit project module.

Comments on Number of Credits on Case Study B

10-20 - unsure what to map it to.

Emerging Themes And Issues

1. Roles and Functions

There are only a limited number of staff with particular subject knowledge/expertise working within this institution who can deal with AP(E)L claims and this makes it difficult at times to find sufficient people to assess who have not been involved at all in advice.

The Co-ordinator has been responsible for operationalising AP(E)L within the school. She has organised the majority of staff development and designed the documentation. She is extremely committed to APEL and to academic credit in respect of practice and has been instrumental in developing the institution's policy.

2. Language

The acronym APL in this institution refers to certificated and experiential learning (APL and APEL). This could lead to potential confusion when communicating between institutions. The term 'general credit' is used to describe credit that is awarded in respect of optional elements and 'specific credit' in respect of compulsory elements of a pathway. Once again, the term 'access' is potentially confusing since it includes entry to pathways in which there is a requirement to have 240 credits of prior learning.

3. Resource Implications

A very time-consuming process which is labour-intensive. The use of an administrator reduces some uptake of academic time but helping students is currently offered on an individual basis (even though an APEL Module exists) and in order to be confident of the outcome there are two other academics involved in assessing the claim prior to it going to a sub-panel: panel, and then an examinations board.

4. Parity and Quality Assurance

It is clear that the institution has thought through issues of parity and quality assurance and has made a particular stance in this respect. Every claim for certificated and experiential learning is treated individually but the Assessors are using the same criteria and all assessments (both APL and APEL) go through the same panel. The school is very aware of local competition but is firmly refusing to compromise their standards, in part because they do not see it as to the ultimate benefit of the individual student nor the nursing profession as a whole.

5. Relationship with HE

The school is very much an integral part of the institution. However, they have led the developments in AP(E)L and have been able to mould this according to professional/practice needs.

6. Development Stage

Staff feel that they adopt the processes currently in place because they are not yet sufficiently confident about AP(E)L. As they gain confidence they are moving towards greater professional judgement/risk-taking. This is likened to other similar situations in which, until staff are certain of standards etc. staff may adopt inefficient but effective practices.

7. Pockets of Knowledge/Expertise

Information is needed that is simple enough for students to understand but takes them through AP(E)L from initial enquiry to final notification if they are to be fully conversant with what happens rather than an act of faith.

8. Internal Consistency

Whilst there are checks and balances within the institution which address internal consistency, there is a need for clear and written assessment criteria and staff development if students are to be treated individually. This can then be used for audit by external scrutineers and students can gain further insight into the process of decision-making and equality.

9. Information Systems

There is a need for a uniform transcript which would enable each institution to see what prior learning was achieved through AP(E)L and new learning within a course.

10. Need and Desire to Share and Collaborate

The ENB/CNAA tariff guidelines and information circulated had been rather misleading and resulted in the institution being seen as elitist rather than facilitative. Staff were keen to share with others and to offer their experience as a learning opportunity and to benefit from that of other institutions. They had needed to develop their own system which had then helped develop the central system within the institution.

11. Complexity of AP(E)L as an Area for Research

It is difficult to understand what one institution is doing and why without coming to terms with their meaning of acronyms and with the way in which access, general and specific credit are applied. This makes sharing and collaboration difficult and does little to help nurses and midwives understand their position concerning AP(E)L.

12. Characteristics of Students

The student had faith in staff who she believed would help her. She had needed staff to be positive about whether she would be able to achieve her goal but also realistic and honest about the amount of work and time scale. These criteria appear to be well met in the staff interviewed.

13. Characteristics and Issues Relating to Receiving Awards/Programmes

The more optional elements the greater the level of general credit/personally relevant learning (or equivalent learning) possible. Designer need to determine whether they wish maximum or minimum AP(E)L or both.

14. Other Issues

Competition and geographical location. Those in urban areas may face competition more than rural.

Pressure from employers to gain a graduate/master's level workforce as quickly (and cheaply) as possible.

INSTITUTIONAL CASE STUDY NUMBER 6

This 'institution' is a department already integrated within a higher education institution. Professional programmes are delivered from this department which is based on a hospital site. Most staff involved in professional programmes do not teach students from other disciplines. The same AP(E)L Co-ordinator completed the questionnaire and took part in the interview during tracking.

Institutional Issues

1. **The institution has definitions which safeguard and advance the highest quality arrangements and definitions of AP(E)L.**

   The main institutional documentation does not provide explicit definitions of AP(E)L although distinctions are made between general and specific credit. It uses the CNAA model of credit. Within the department general credit is regarded as entry credit and isolated from any particular programme e.g. RGN 120 level 1. APEL tends to be used for specific credit based on the learning outcomes of existing modules.

   The material for the central APEL taught module infers particular definitions are adhered to. The institution's quality assurance documentation clearly outlines the requirements and distinctions between APL and APEL assessment processes.

   A considerable amount of specifically designed material has been developed for health students and addresses definitions of credit and AP(E)L. The Co-ordinator remarked that health studies was further ahead than the rest of the institution in developing and implementing AP(E)L.

   Health staff there have been influential in the development of a central APEL module. This is used by Health students considerably. A recent evaluation of the module refers constantly to the principles of APEL.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

   The institution's quality assurance document states that admissions and examination regulations must state how provision is made for credit and any limitations regarding credit. No regulations were seen. Information designed for Health students states that all are potential beneficiaries.

   The APEL module was supported by the institution and no charges were made to students. Central funding was provided to evaluate the module.

   The quality assurance documentation states the definition of learning outcomes which is used to measure AP(E)L for specific credit. Documentation for Health students makes explicit reference to the need to match learning outcomes. Learning outcomes are clearly listed in the APEL module document.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

The institutional documentation makes it clear that curriculum developments are on-going with regard to making learning outcomes explicit and provision for AP(E)L. The central APEL module is, in part, an attempt to standardise approaches. This has necessitated additional information being developed for Health students.

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

The documentation states that course regulations should be amended to take account of advanced standing and exemption. The assessment process for AP(E)L is clearly delineated in four key stages. The examination board is expected to be part of this process. Development work that staff will need to carry out to ensure the systems are in place is included e.g. guidance and support.

The survey identifies that the maximum amount of credit permitted is between 50% (diploma) and 66% for a degree. Students are allowed to re-submit work but the number of re-submissions is not stated. The survey response regarding appeals shows that appeals are permitted for APEL. The respondent is not sure about APL. It may be that the question was misinterpreted as meaning the academic decision is challenged rather than appeal against the process.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

Quality assurance abstract concentrates on the need to adapt systems to take account of AP(E)L. It is implicit within the guidance that systems that are developed should be accessible.

The Health documentation was explicit and was attempting to be as transparent as possible to students. Procedures were clearly stated but not always explained. In particular, the CATS leaflet was extremely user-friendly, clear, informative and brief.

The survey response indicated that all Health applicants received written information regarding AP(E)L. A general comment was made about the time-consuming nature of AP(E)L work.

The Co-ordinator stated that administrative staff dealt with enquiries in the first instance. There continues to be a large volume of applicants for AP(E)L.

The roles and responsibilities for staff dealing with AP(E)L should be managed at course level (quality assurance abstract). The CATS leaflet for Health students makes responsibilities of staff and students clear. Named personnel are given with contact numbers.

The survey response indicates that those with admissions responsibilities have power to make decisions about APL and staff with subject expertise assess APEL claims. The Advisor and Assessor may be the same person.

Staff development is not explicitly addressed in institutional documents. In view of the support given for current developments and recognition of general development required for AP(E)L this may be inferred. On the other hand, it may well be that this area has been overlooked at institutional level.

The survey indicates that preliminary staff development has occurred for those involved in AP(E)L. It is not clear how or where this has occurred as this was not asked. The Assessor stated that she had received minimal staff development.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are included in the monitoring process.**

The quality assurance abstract states that cross-university monitoring takes place via a central CATS committee which is a sub-committee of academic standards. Monitoring includes the examination of approved credit decisions and evidence submitted to boards.

Recommendations have been made arising out of the evaluation of the APEL module. At this time the outcome is not known.

The main survey identified the CATS as identical to the rest of the institution. The AP(E)L Co-ordinator reported that the monitoring procedure was the same as other assessments, external examiners were used via the local CATS committee. No central monitoring was required by the university. This seems at odds with institutional documentation. It may reflect a change in policy or staff may be unaware of the central monitoring taking place.

However, Health staff were continuing to develop the processes and new staff guidelines were being developed. Health staff had experienced criticism within the department that their rigorous processes were too cumbersome. The AP(E)L Co-ordinator felt that this was good practice and felt they measured up well to the SEEC Code of Practice for AP(E)L. This view was echoed by the Assessor who felt that their approach was more advanced and rigorous compared to the rest of the institution.

7. **The institution's staff development needs vis-a-vis AP(E)L are included within policy and practice guidelines.**

Staff development was not mentioned specifically in the documentation (see earlier comments). The evaluation of the AP(E)L module did not raise any staff development issues. This may be because the staff involved were very experienced in AP(E)L.

The survey showed that assessors of AP(E)L received written guidance. Staff development is given for APL but not sure for APEL. Formal training has not been given to Assessors for APEL.

The Co-ordinator is currently developing guidelines for staff. The Assessor reported that she had received minimal staff development, she has learnt mainly by informal reading and learning as she went along with some peer review.

8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on student transcripts.**

The quality assurance abstract states that the course manager should inform students about their credit awarded and any implications for programme planning and the award itself. Recording of decisions should be accessible for future use. Transcripts are implied here but not specifically mentioned.

The main survey indicated that all students were notified about AP(E)L in writing. The Co-ordinator reported that all decisions are recorded in the student records. The student interviewed received her transcript after her first set of assessments which also showed her credit recorded.

Operational Issues

1. **The institution ensures that information about AP(E)L is accessible to all applicants.**

Written information is available to all who make an enquiries about Health courses (see earlier remarks). These include details of the APEL module and leaflets. Interestingly, students evaluating the APEL module felt this was perhaps the only way to gain an understanding of APEL and answer questions they had.

Specific contact personnel are identified on leaflets and course information. They are academic staff. The Co-ordinator commented that there is a large volume of these students coming forward and advice and guidance is very time-consuming. This is reflected in the section referring to charging students.

It is assumed here that part of the rationale for a central APEL module was to help cope with demand and use resources more efficiently.

The student interviewed said that most information came directly from the course tutor and AP(E)L Co-ordinator. She found the staff highly accessible. This may be as she was one of the first AP(E)L applicants.

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

There was no explicit reference in any of the documentation regarding the separation of guidance and assessment. Arrangements for guidance were acknowledged as important but were to be determined locally.

The CATS leaflet mentions that staff will provide guidance and that assessment is required but not necessarily separate.

The survey results and discussion with the Co-ordinator indicate that students are allocated a named advisor for APEL and that the advisor is involved in assessment. All APEL claims are seen by two individuals and an external examiner and go through an assessment board. The perception by others is that it is a cumbersome process.

3. **The institution makes clear the roles and responsibilities of students in the AP(E)L process.**

The APEL module handbook has been adapted for Health students. It makes explicit what students should be able to do as a result of the process. Reflection is taught as part of this process. The assessment is based on the student's ability to reflect on learning.

The CATS leaflet identified the application process and that it is the student's responsibility to make a claim and produce the evidence "submit written evidence which reflects upon and analyses your past experiences..." The quality assurance documents show that arrangements for student support should be made and that assessment criteria are set.

The main survey showed that students were required to provide documentary evidence for APL. Students were advised to indicate: the level and volume of credit required, met learning outcomes and so on.

The Co-ordinator advised students on enquiry. The nature of this advice was diverse. For example, to take APEL module, directed to an Advisor, to complete application form (specially adapted for health applicants), to identify potential credit, have a short interview with Co-ordinator, agree credit that will be aimed for and how evidence would be submitted and time span.

The Co-ordinator remarked that a high level of motivation is required from students. This is problematic when students undertake the APEL module but are not sure what course they will be studying for.

The Assessor mentioned that the student booklets on CATS and APEL were written for Health students and the process is clearly explained

The student stated that the course tutor and Co-ordinator advised her about what she had to do. Informal information and advice were acquired from friends and colleagues. She was not used to the reflective process and found it beneficial. It was an approach that was expected throughout the course.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

The CATS leaflet makes the explicit statement that experience alone is insufficient for APEL. The APEL Handbook for Health students makes a distinction between having experience and learning from it.

The survey stated that students were expected to match outcomes of experience with existing modules and/or demonstrate explicitly outcomes which resulted from particular experiences and/or identify outcomes unique to their own experience.

The Co-ordinator stated (with regard to the accounts) that level 1 credit assumed that students were proficient in practice if they had been there for a long time. Most students were seeking level 2/3.

Decision-makers will be crediting the quality of the evidence of learning rather than the experience itself. This depends how accessible the evidence is. She stated that credit cannot be given for experience and there must be valid and reliable measures.

The Assessor identified problems in the past where students put forward a great amount of experience as APEL rather than what they learned. Often this was all at level 1. This created particular problems as new programmes practice was set at a higher level (3). In order to compensate for this a competency proforma was devised. Students are not able to claim credit whilst on the programmes.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

The CATS leaflet explains that evidence is assessed by module leaders and assessment boards of the appropriate field. It mentions evidence must be provided and gives criteria to be demonstrated and an indication of the time it may take to prepare evidence. It does not indicate the form of assessment.

The quality assurance abstract states that evidence is assessed by academic staff and is processed by assessment boards. Skills, knowledge and criteria must be identified at course level to make judgements. Assessment methods are not stated.

The APEL short course handbook indicates that reflection is the key in determining learning from experience and builds to a portfolio of evidence by the end of the programme.

The APEL course evaluation document stated that students went on to present evidence but did not identify the means used.

The survey identified academic staff as Assessors. The involvement of academic staff was not asked specifically. Academic staff are involved in making recommendations to staff, assessing APL on admission, using subject or expert knowledge to assess APL.

Students were required to provide documentary evidence for APL and it was assessed on pre-set criteria. Similarly, APEL was assessed by staff with knowledge or expertise in the area, and who used pre-set criteria and who had the power to make recommendations to committee

The Co-ordinator stated that usually two internal expert academic staff and one external were involved.

There were several ways evidence could be presented. This was negotiated, and included interviews, essays, reflective accounts, teaching packages, and statements from observers.

The Assessor noted that students can also receive advice from subject and field specialists. The Assessor felt the assessment of APEL was more rigorous.

The student confirmed that she used a variety of methods to evidence her AP(E)L e.g. academic work, essays, project work and learning contracts

6. **The institution's AP(E)L process must be equitable and capable of scrutiny and enhance quality.**

The quality assurance extract reflects a decentralised model - central guidance is given on the process (see earlier comments). The criteria required for credit shouid be made known to the central CATS committee.

The CATS leaflet indicates the process for all Health students.

The APEL short course is open to all students (mainly Health). The APEL short course evaluation indicates an openness to self scrutiny.

The survey states that common AP(E)L processes exist for all professional courses and that quality assurance mechanisms are in place to monitor consistency and comparability.

It would be possible to check that all Health students received the same information about AP(E)L and the possible level of support. The outcomes of the processes are given to students in writing.

The Co-ordinator reported that the faculty CATS committee monitors quality in Health. There is no central monitoring by the university. All decisions recorded on a central database

The Assessor felt confident about the standards in decision-making because the guidance and material were explicit. There is an issue as students cannot get credit whilst on a programme, only prior to entry.

The outcomes are recorded on the central database/student records. Health processes are more rigorous than in other parts of institution.

The student felt that the process was fair and had met her expectation though retrospectively feels she could have had further exemption. She received feedback on the APEL claims and a transcript.

7. The institution has made clear the criteria for any charges for AP(E)L where they occur.

The central APEL short course leaflet makes it clear that there is no charge for the course. It states that there will be a charge for accreditation but does not say what this is as it depends on the amount of credit awarded. No indication of cost is given e.g. minimum. The course handbook for the APEL short course does not mention costs.

Interestingly, the evaluation of the pilot APEL short course found that students would be prepared to pay for such a course. One recommendation was that the cost should be kept minimal - no figure was suggested. There was no evidence of what the actual cost (or saving) was to the institution. The pilot had been funded out of 'Enterprise' money.

The CATS leaflet (for Health) mentions registration cost of £50 and an unspecified cost which includes administration, an advisor's time and an information package. Although the APEL short course mentioned this, it is not clear how the costs relate.

The quality assurance extract mentions the need to establish a fee structure to cover the full costs of assessing and processing applications for APL and APEL. The cost areas are identified. Fees appear to be set locally and to be monitored via the central CATS committee.

The survey found that no fee was charged for APL but an unspecified fee was charged for APEL. The time-consuming nature of AP(E)L was noted as was the need to be cost effective. Costing was described as a contentious issue.

AP(E)L Co-ordinator stated that the short APEL course was free but students must pay for the assessment and accreditation process. The university advises on scales of charges e.g. where APEL is equivalent to three modules the cost is £200, six modules is £400. There is no charge for APL.

The Assessor stated that the university may need to charge for services it now offers free. There were differences at local and institutional levels.

8. The institution has made clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.

There is nothing explicit in the documentation, no regulations were seen.

The survey stated that the maximum amount for the Diploma in Higher Education is 50% and 66% maximum for a degree.

The Co-ordinator stated that they do not offer credit smaller than one module i.e. 12 credits.

The student knew that only one year could be exempt before she started. She did not understand exactly why this was the case and reasoned it was due to practice requirements.

Case Study Comments From The AP(E)L Co-ordinator

The Co-ordinator stated (with regard to the accounts) that level 1 credit assumed that students were proficient in practice if they had been there for a long time. Most students were seeking level 2/3. It was stated that the account:

a) must relate to module outcomes;
b) there are problems if the account is too theoretical, concern about the ability to apply knowledge in practice therefore depends on the nature of the module applying for.

General Comments in Case Study A

The respondent felt that the student had worked hard and thought about what they were doing. They would like to have seen the Health Education package. They would also like to know how it relates to practice e.g. evaluation of the package. Has actual and potential credit possibilities. Difficulty in saying what general credit it would get, need to relate to specific credit required. Could get health promotion double module - student would need to look at learning outcomes and could demonstrate this in a short interview. Other possibilities was a nutrition or teaching module.

General Comments Case Study B

The respondent had great difficulty deciding about this claim. At first sight they found it very theoretical and the practice was only brought in later. They would have preferred it if it organised differently, read like a descriptive essay on group work. Not high level would like to see how it is being used in practice. Latter part is stronger as referring to practice. Potential for credit - possibly Health Promotion module or Interpersonal Skills module. Would like validation of claim student is making regarding group work. "To get credit for experiential learning important that learning makes a difference in practice - not just theoretical. If student was submitting for theoretical module it would be sufficient. Written description barely level 2 but more analytical later on." Respondent has a benchmark 40% pass mark in mind and the claim would pass on that basis. Stated that they are not looking for exceptional work - if it was exceptional it may get higher level of credit.

Comments on Academic Level on Case Study A

Difficult to say - probably level 2-3 (no distinction 2 & 3) (The respondent stated that level 1 credit not much use to anyone coming into a Diploma or degree).

Comments on Academic Level on Case Study B

(barely) level 2.

Comments on Number of Credits on Case Study A

1-2 modules 12 - 24 credits.

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Comments on Number of Credits on Case Study B

1 module 12 credits.

Emerging Themes And Issues

1. Roles and Functions

The Co-ordinator's role was important and she provided a link between students and the course team and directed quality assurance. The Health staff and particularly the Co-ordinator were influential in developing AP(E)L at an institutional level i.e. a central AP(E)L module. They consider themselves much further ahead of the rest of the HEI in implementing AP(E)L.

The Adviser and Assessor roles were not separate. There was no perceived conflict of interest here. Presumably this was because advice and guidance was viewed as the same as any other form of academic and advice for assessment.

This is significant as it can be argued that the operational recommendation in the SEEC Code of Practice for AP(E)L is advocating different standards for assessing APEL compared with regular module assessment.

Interestingly, the Co-ordinator considered that they were meeting the standards in the Code of Practice (although the HEI was not a SEEC member institution). She felt that it gave validity to the developments and practices in Health. This was important as health staff had received criticism that their systems were overly complex and over-rigorous.

Administrative staff played a key role in the process at the enquiry stage. This is significant due to the large volume of AP(E)L activity in Health education and has implications for resources.

2. Language

Actual and potential confusion in the use of language occurs due to conflicts between the professional and academic meanings of the same terms. For example, level 1 can be interpreted as meaning primary registration on the professional register (UKCC) like RGN and level 1 is a recognised academic term denoting preliminary knowledge and skills within an undergraduate programme.

This may lead to confusion for students but more importantly a blurring in the mind of professional educationalists who may consider them synonymous. Currently all pre-registration programmes (prior to Project 2000) are nominally ascribed 120 general credits at level 1.

In making decisions about APEL, especially on programmes that have professional recognition, issues to do with 'level of practice' and sometimes the grade of the practitioner are used. Generally, it is assumed that academic levels are being used here but it is not clear if they are being ascribed to skills and knowledge.

Crediting practice is a thorny problem which has resulted in some very complex assessment strategies. It may be more useful to ascribe an academic level in relation to the knowledge applied to practice with concurrent assessment of skills. In this confusion there is a potential danger in developing some sort of professional credit which would fragment Health from the mainstream HEI and, in addition, this credit could not be easily transferred in academic terms.

Further, confusion arises in the decision-making about what is either learned in practice and/or from practice or what they are actually doing in practice and/or how they have changed their practice. usually the latter is highly regarded as this will raise the profile of the profession and 'change the world!'

In professional education, the concept of reflection is widely accepted and used. Programmes frequently state that their aims are for students to become reflective and autonomous practitioners. Reflection is used as both a method of learning and assessment - this distinction is not always clear in AP(E)L. There is little distinction made between reflecting on learning and reflecting on practice i.e. it is axiomatic that students can only have learned if there is a direct outcome in practice. This assumes that the individual is completely autonomous.

3. Resource Implications

The responsibilities for AP(E)L seem to be spread across a small proportion of staff - presumably with the exception of the Co-ordinator this work is carried with other duties. Staff development for AP(E)L seems to be a key gap in formal provision in this institution. Although, there is a comprehensive AP(E)L process it does appear cumbersome and somewhat inflexible due to limitations from the centre e.g. credit is only available on entry and not subsequent to this. Having said this, complex systems are needed as professional programmes are complex. This is due to historical development and the need to meet academic and professional outcomes.

A central module has been introduced to cope with demand and make better use of staff time. However, specialised staff and customised information is still required even as to whether a student would benefit from this module.

Most Health students need individual advice as they frequently have a mixture of both APL and APEL. This is reflected in this institution as there is a high degree of input from senior staff who are comparatively expensive. The real costs and benefits to an institution of AP(E)L have not been fully considered here and staff time and administration costs can appear prohibitive. This could be balanced in many ways e.g. the attraction of more students, charges for AP(E)L and faster throughput of students which affects completion rates.

4. Parity and Quality Assurance

Coherence was demonstrated although a decentralised model. It is clear that the philosophy of AP(E)L is supported centrally and is being conscientiously executed locally.

The central APEL module was devised and used mostly by health students. It was introduced, in part, to standardise provision. Evaluation of the module demonstrated how anxious staff are to receive recognition about the quality and to 'get it right'.

The nature of evidence required for APEL was potentially confusing in balancing what the student claims as their learning and demonstrates through reflection and having this supported by others, usually their employers. This appears contradictory as APEL (and all other areas of professional education) expects students to be self-directed and reflective.

This can be complicated by the fact that employers are often paying for the student's programme. Employers may have a more strategic approach in the provision of evidence - this is not new. What happens if the employer does not comply?

In comparison, students who undertake a typical module assessment and have to apply theory to practice would not necessarily be expected to produce the same sort of evidence. In other words, some APEL methods require much more from the student than other methods or compared with 'normal' assessments.

The Adviser and Assessor may be the same person and there was no perceived conflict of interest here. Presumably this was because advice and guidance was viewed as the same as any other academic and advice for assessment.

This is significant as it can be argued that the recommendation in the SEEC Code of Practice for AP(E)L is advocating different standards for assessing APEL compared with regular module assessment. Interestingly, the Co-ordinator considered that they were meeting the standards in the Code of Practice (although not a SEEC member institution) and felt it validated the developments and practices in Health. This was useful to health staff as there was a perceived criticism that their systems were overly complex and perhaps over-rigorous.

5. Relationship with HE

It appeared that as the Health Department was well integrated with the HEI there was agreement and support regarding the philosophy of AP(E)L.

Despite monies being available to the Health School for developments and evaluation, AP(E)L staff felt the necessity to prove themselves. The criticism came from within the department and outside of it. This was because their processes were viewed as over-complex and rigorous.

It may also be that national changes to professional education and policy shifts in the health service have required rapid responses - particularly where education contracts are involved. This may be in direct conflict with the preferred organic development common across HE e.g. where lead-in times for validations can be in excess of an academic year. Central documentation was permissive but rather circumspect and it did not really reflect practice on the ground.

It could be that concern about the speed of implementation is expressed by a degree of ambivalence in HEIs about AP(E)L. The rapid developments challenge a variety of long held beliefs, practices and regulations regarding academic programmes. Additionally, the resource implications are not fully known.

6. Developmental Stage

The department's AP(E)L was highly developed. Having tested and evaluated certain approaches, further refinement has occurred e.g. staff guidelines. This has allowed the department to disseminate information and establish practice elsewhere in the HEI.

The tension within the department and the development mentioned *may be* due to a perception of the Health department that they are ahead of the centre.

Staff development - there seems to be a key gap regarding staff development and although they have a comprehensive process, it seems cumbersome and somewhat inflexible if this relates to institutional gap e.g. credit not available with a study programme.

7. Pockets of Knowledge/Expertise

It was clear that Health was 'ahead of the field'. In particular, the AP(E)L Co-ordinator was the driving force behind developments and this was probably augmented by student demand. This rapidly acquired AP(E)L expertise created a tension between a desire to continue developments and the need for recognition of the quality of what was being done.

8. Internal Consistency

See 4 & 6 above. It would be possible to monitor decisions although tracking was carried out by the Co-ordinator. Criticism has been received for over-complex processes by others in the department; however, the AP(E)L Co-ordinator felt vindicated in the light of the recommendations within the SEEC Code of Practice for AP(E)L.

9. Information Systems

The Co-ordinator was the major source of information to everyone. One explanation for the high quality of the students' information is the need to ensure that students are able to claim properly for credit prior to entering the programme. The fact that information was specifically oriented to health students was helpful.

Students felt that they needed to be taught about APEL before they could assess their own learning in an acceptable form e.g. understanding what specific and general credit meant. Applicants are distanced from details of the assessment process presumably as with any other assessment undertaken by students.

10. Need and Desire to Share and Collaborate

It was interesting to note that the Co-ordinator made sure she found out what was going on elsewhere. It may also be that Co-ordinators need to develop ideas and arguments to put forward in their own HEIs in order to allow AP(E)L to develop.

Information seems to be shared more freely in this area. This is significant as the introduction of the NHS internal market has inhibited sharing in professional education due to the contracting process.

11. Complexity of AP(E)L as an Area for Research

There is a constant juxtaposition by the researcher of all forms of information from the institution and her own knowledge and experience.

This department is well established as are the principles of AP(E)L within the HEI. Difficulties arise in trying to separate what are 'pure' health issues and their relationship to the centre. It has not always been exactly easy to identify where or how differences arise. Sometimes it is the personal preference of the Co-ordinator, other times it may be the restrictions of the regulatory framework.

12. Characteristics of Students

The student was one of the first to go through the AP(E)L process and the system was a little different then.

The student was very clear about what she wanted and very motivated to undertake APEL. She also appeared extremely self sufficient and able. Her expectations of APEL were shaped by what she had been told. Although with some probing she admitted in retrospect that there were further areas of credit she should have been given, the regulatory framework precluded this. Overall, she was pleased with the outcome and grateful for the opportunity to use APEL.

13. Characteristics and Issues Relating to Receiving Awards/Programmes

The regulatory framework and assessment strategies can inhibit the uptake and potential of AP(E)L (see 4 & 12).

14. Other Issues

There is tension between the need to have simple and open systems and systems that are rigorous, fair and capable of scrutiny. In the pursuit of the above, systems may become more and more bureaucratic (and costly)

INSTITUTIONAL CASE STUDY NUMBER 7

This 'institution' is a department in an existing HEI with a well established modular scheme. All teaching for professional programmes is located at one site within the university and professional staff teach students from other disciplines.

Institutional Issues

1. **The institution has accepted definitions which safeguard and advance the highest quality arrangements and definitions for AP(E)L.**

The survey showed that a fee was charged for APEL but not APL. A distinction is made between general and specific credit.

In the documentation to guide students, the application process for APL and APEL is clearly distinguished. General and specific credit are also defined.

There are totally separate processes for APL and APEL, i.e. the use of an APEL centre and there are two stages to an application for APEL. The APEL booklet defines credit and levels generally and the Health leaflet defines APL, APEL and credit.

The Assessor was confident regarding the decisions that she made for APL and APEL.

2. **The institution has an AP(E)L statement demonstrating institutional commitment.**

Student guidelines are comprehensive and indicate entitlement but regulations governing credit are not included.

The survey showed that the maximum amount of AP(E)L permitted is 50% but this depends on the level.

All ENB courses are credit-rated. The CATS system used in the department is identical to that used elsewhere in the HEI and they did not have to develop their own system.

Students are made aware of AP(E)L opportunities and are given written material.

The student interviewed was told about her entitlement to AP(E)L from the course tutor.

The survey found that both CNAA and HEI developments were in use regarding levels.

The documentation indicates that learning outcomes are required for APEL. Stage one of the application process is the formal approval of the learning outcomes. They are either designed by the student or match existing outcomes of modules. Once approved, the student is required to develop an APEL portfolio which includes the approved outcomes. This is stage two.

APEL support documentation is extensive and comprehensive to enable students to develop their own learning outcomes for approval and to develop their claim later.

3. **The institution's curriculum development includes an integration of appropriate AP(E)L arrangements.**

Most documentation supplied was developed at department level for Health students. This is very clear and oriented to helping students to be self directed. The assessment process is explicit and introductory leaflets are clear.

The Co-ordinator and Assessor reported that all students are encouraged to attend a workshop as well as have access to written handbooks. Students can attend them more frequently during the preparation for their portfolio.

The student who was interviewed found the handbooks and tutorial support both beneficial and sufficient for her needs.

4. **The institution has AP(E)L processes integrated within the regulatory framework.**

The documentation provided mentions clearly the seven stages of the accreditation process. The role of the examination boards is clarified. The process seems quite bureaucratic and presumably different to regular assessment processes although this is not specified.

The survey indicates that similar assessment criteria are used to that of a non-APEL assessment.

There is no mention of re-submission or appeals in the documentation. The main survey indicated that re-submission is permitted for APEL. It is not clear what the limits are. Students are permitted to appeal.

The Assessor stated that they do not have failures as such. If a portfolio is insufficient, feedback is given on its inadequacies. For example, a viva or more written evidence may be required. If the portfolio is problematic it does not go forward to the assessment board.

5. **The institution's AP(E)L procedures are clearly documented and available to all students, academic and administrative staff and external assessors.**

Very clear and detailed information explains the AP(E)L process in all student leaflets and handbooks. Students identify exactly the volume and level of credit they will apply for.

The survey response shows that all applicants receive written information regarding AP(E)L. All staff have received guidelines on assessing AP(E)L and received preparatory staff development for AP(E)L.

A general comment was made concerning the information given to applicants at other institutions where students did not know what credit they were likely to receive in advance and that this was 'a con' for students.

The Assessor described the AP(E)L process thus: an interview with the course leader and informal discussion, monthly workshops lasting two hours (held more frequently if required). The student is advised to attend one. During the workshops the process and expectations of students are explained. Written materials and opportunities to practice writing learning outcomes are given. Rough drafts are received through the post by the Co-ordinator. This was not a requirement but provided informal guidance.

The student submits a proposal with their learning outcomes for AP(E)L to Programme Approvals Board. This board meets monthly. This board makes judgements about the assessment of AP(E)L in relation to the rest of the student's programme i.e. workload on students. Once approval has been given the student is informed in writing and the amount of credit to be claimed is set. The student will then be invoiced.

Drop-in sessions are run to provide support for students while putting together their claim. They can get feedback on that work. Once this is acceptable, a third party may provide feedback. An informal meeting takes place and if the claim is sufficient it will proceed. Where the claim is not sufficient or no agreement is reached arbitration is required. Specific feedback must be given to indicate why it does not meet the criteria. It must be identified what the student needs to do to recoup failure or to be invited to viva.

Applications are expected to meet the pre-agreed learning outcomes and are sent to a third party who is either a subject specialist or someone with experience using the AP(E)L criteria. These criteria form the basis of the assessment and include sufficiency, relevance etc.

Formal help is available to students in the form of workshops, tutorials, formal written feedback at assessment stage and a booklet describing the nature of the evidence required. Claims are assessed and go through one of two examination boards annually.

The student interviewed found out about AP(E)L from their course tutor.

All the student handbooks clarify both the student's and staff roles and responsibilities.

The survey identifies that those with admissions responsibilities have the power to decide APL and that subject expertise staff assess APEL claims and make recommendations to the committee. The Advisor and Assessor are not same person.

All the documentation supplied was oriented towards students. The survey results indicate that staff have received written guidelines for AP(E)L and preparatory staff development. This is implicit regarding the assessment criteria published in student handbooks. Administrative staff do not appear to play any key roles in the process and development for these staff was not raised specifically as an issue.

6. **The institution's AP(E)L procedures, relevant documentation and outcomes are be included in monitoring processes.**

No central documentation was supplied. The main survey indicated that quality assurance systems are in place that can monitor AP(E)L.

The Co-ordinator reported that the central APEL unit has a monitoring activity. Due to demand in the Health department their own unit was set up with permission to develop its own approved system. This matches the HEI system and is subject to the same quality reviews. The external examiner and exam board system is in use. To increase flexibility, this system is changing to an APEL board with externals with APEL expertise. This same procedure is used with the taught module.

7. **The institution's staff development needs vis-a-vis AP(E)L are included within policy and practice guidelines.**

No central documentation was supplied. The survey indicated that assessors receive written guidelines on APL and APEL. Assessors receive staff development for APL but it is not clear whether staff development is given for APEL. Assessors have formal training in assessing APEL claims.

The Assessor interviewed stated that she had received minimal staff development. She had learnt from her experience with the APEL centre.

8. **The institution has an appropriate means of communicating credit awarded for AP(E)L including recognition on student transcripts.**

No central documentation was supplied; however, the Co-ordinator reported that the HEI is developing a new student transcript. This will be very comprehensive and will provide very detailed information on credit as well as programme details.

The survey stated that credit is recorded on a central database with student guidance. Students were notified about AP(E)L in writing.

Operational Issues

1. **The institution ensures that all information about AP(E)L should be available to all applicants.**

As stated earlier, information appears readily available and is clear and comprehensive. Named personnel are identified and monthly workshops are open to all. The main survey stated that information was sent to all APL and APEL enquirers (see earlier comments).

The Assessor reported that students can request tutorials any time; however, there was a large volume of students, ?400 per year.

The student found out about AP(E)L from the course tutor after being on a foundation course for a year i.e. approached by tutor as being eligible and already a student. The student did not have the right amount of credit to pursue the Diploma course.

2. **The institution's assessment strategy ensures that staff involved in guidance and counselling of students in the preparation of AP(E)L evidence are not normally the sole assessors of that evidence.**

There are clear channels for advice and guidance in the student documentation. No central documentation was seen.

The survey revealed that all students are allocated a named advisor for APEL. This advisor is not involved in the assessment. The approval of learning outcomes is separate to the assessment process.

The AP(E)L Co-ordinator reported that a tutor was allocated during the preparation process. Advice and guidance regarding the formation of the learning outcomes is separate from assessment. Work is assessed internally and ratified by external examiners at assessment boards.

From the student's perspective, the APEL Co-ordinator offered as much help as was required. She also had two booklets which were helpful in how to put evidence together. She knew that two or three people made the decision about credit but did not know how this decision was arrived at. The student felt the outcome was fair.

It seems likely that the person guiding the student is involved in putting together the evidence. However, there seemed to be a separation of the two processes.

3. **The institution makes clear the role and responsibilities of students in the AP(E)L process.**

A large amount of specially developed handbooks and material are available for health students. It is clear that reflection is required to identify learning and as a method for presenting evidence in the portfolio. The portfolio is the method used. The student has to generate their own learning outcomes with help. They must be approved and this is part of the reflective process.

The survey showed that documentary evidence was required for APL. Students were expected to indicate the level and number of credits they were applying for and demonstrate outcomes etc.

The Co-ordinator reported that preliminary advice was given on enquiry. The workshop informed the student what is expected. The onus is on the student to come back with the proposal and proceed.

The Co-ordinator was concerned about students who do not hand in a proposal but disappear. This raised issues about following up students. Similarly, if an applicant thinks in a more concrete rather than reflective manner.

The student interviewed knew she had to produce a proposal for APEL with learning outcomes to be approved by tutors.

4. **The institution makes clear that experience on its own is insufficient grounds for gaining credit. APEL credits the learning which the learner can evidence from prior experience.**

The documentation is very clear (as before). The assessment criteria were available to students.

The survey showed that the level and volume of credit expected are identified by the student. The outcomes of experience do not have to match with existing modules.

Students must demonstrate, explicitly, outcomes which resulted from particular experiences and or are unique to their own experience.

The nature of the evidence required is written e.g. a portfolio; however, there may also be a viva.

The AP(E)L Co-ordinator reported that advice depends on the nature of the programme the student is applying for e.g. degree, diploma. Decision-makers will use the proforma to consider criteria such as sufficiency, relevance etc. Anxiety was expressed about students who do not understand the nature of the evidence required.

The Assessor found it challenging when a student is very bound up in his/her experiences but less able to draw out learning from it.

The student interviewed knew she had to produce evidence and found it a difficult exercise, particularly putting together evidence which demonstrated her own part in the process e.g. where a team was involved.

5. **The institution's assessment strategy ensures that learning is assessed by academic staff using whatever means are appropriate.**

The assessment criteria were clearly available to students. The portfolio appears to be the main form of evidence.

The survey showed that academic staff were the assessors. The role of administrative staff was not asked for specifically. Decisions included recommendations from professional staff, boards etc. APL was assessed by admissions personnel and/or assessed by expert/person with some knowledge of certificated knowledge. APEL was assessed by someone with a knowledge of the programme of study to be taken etc. APL required documentary evidence to be provided. APL is assessed on pre-determined criteria (questions 66-73). APEL is assessed by one who is an expert in the area, has knowledge of the area, and has the power to make recommendations to the committee.

APEL is assessed on pre-determined criteria not recency, although stated in document (q. 114, 118, 120-123). This may be interpretation of the question the emphasis being on experience alone.

The Co-ordinator reported that pre-set criteria were used on the proforma. Reflection was important in written work. Evidence can be submitted in essay form.

The Assessor stated that the student must articulate learning rather than experience. She felt that the distinction between work-based learning and APEL was artificial. Where required, a viva can be used to supplement evidence, e.g. for students who are able to talk about their experience but have difficulty writing this down.

The student knew that her evidence had to match learning outcomes. These had to be formulated and agreed with her tutors. She presented her portfolio with supporting evidence from management.

6. The institution's AP(E)L process must be equitable and capable of scrutiny and enhance quality.

The documentation sets out the processes clearly in the student information. A series of detailed proformas for students and staff to complete at each stage of the process have been developed at institutional and local levels.

The main survey found common AP(E)L processes exist for all professional courses. The quality assurance mechanisms are in place to monitor consistency and comparability.

The Co-ordinator reported that the distinction between levels was dependent on what the student wants/needs.

Evidence of shaping learning for APEL to fit what exists in the student's best interest.

Parity between student's apparent comparison of the account of the process (q.11) with documentation, however are accounts A & B being judged by the same criteria - or is it how closely they fit with what has gone before?

The Assessor stated that sometimes decisions have been formally challenged (?by student or staff) and once this went to the panel and the Assessor had to justify the decision - it was upheld. No challenges have proceeded to appeal stage.

The student knew that her claim first went to her personal tutor and then two or three other people made the decision concerning credit. She did not know how the decision was arrived at, although she knew they had special guidelines. She felt the outcome was fair and that AP(E)L was valuable for recognising knowledge of practitioners with much experience and was 'the way forward'. The process itself took as long as undertaking assessment but more difficult to get evidence over a longer period of time. The two handbooks were very helpful.

7. **The institution has made clear the criteria for charges for AP(E)L where they occur.**

The documentation makes it clear to students that they will be charged and when they will be charged; however, the amount is not specified. The charges vary according to the amount of credit sought. Students are given a guide in relation to module costs and warned that small claims may be more expensive than taught modules. No sums are mentioned in the booklets supplied.

The survey found that no fee was charged for APL. A fee was charged for APEL depending on the level and number of credits. A general comment showed concern about parity of APEL with other institutions i.e. students elsewhere do not know how much credit they will get or at what level, whereas this HEI makes it explicit.

The Co-ordinator reported that there are tariffs for charges which are pro rata for credit gained e.g. £120 = 20 credits. This becomes cheaper with larger volume of credit gained. The charges consist of an administrative fee + x amount per 10 credits. Students are given this information at the beginning.

The student found that it took a long time to do the work and this was as long as a regular assessment. It was most difficult to 'drag back' to get the information and evidence required.

8. **The institution has made it clear where there is a maximum and/or minimum volume of credit allowed for AP(E)L.**

The documentation in the Health leaflet for students identifies the maximum credit allowed at levels 3 and M. In the main survey the minimum was not asked for. The maximum is 50% depending on the level.

The Co-ordinator reported that university regulations can APEL up to 50% of core units. The maximum credit available in the Higher Award Framework (HAF) regulations at level 3 is 40 credits. There is no maximum at level 2 but it must be specific credit - if HAF, must meet 10 key characteristics. There is no minimum = multiples of 10 credits.

The student knew exactly what level and volume of credit was awarded i.e. 20 level 2 and 10 level 3.

Case Study Comments From The AP(E)L Co-ordinator

General Comments in Case Study A

The respondent felt that the student had potential credit within the present Higher Award degree but actual credit in another degree programme. Would need to change presentation - need learning outcomes. Very reflective account.

General Comments Case Study B

The respondent had actual credit for either degree programmes. Could be submitted as it stood in essay form - however, felt there was a lot of hidden credit which might be lost as implicit learning. Would need to present with learning outcomes.

Comments on Academic Level on Case Study A

Depends what student wants/needs. Negotiate with student. Really level 3 work.

Minimum level 2 and 60 credits or half and half. Maximum level 3 and maximum 40 credits.

Comments on Academic Level on Case Study B

Feels like level 2 but level 3 implicit in account but not articulated; would advise student accordingly.

Level 2 and 20-40 credits.

Comments on Number of Credits on Case Study A

See above.

Comments on Number of Credits on Case Study B

See above.

Emerging Themes And Issues

1. Roles and Functions

The Co-ordinator's role is crucial in giving preliminary advice to enable students to access what is available. In fact students are directed much more than appears. This includes shaping their expectations as to what kind of credit they can use and the volume they might achieve and how they should present evidence. This may be no different to regular tutorial work; however, it is presented as student-driven and the level of complexity means students need support to understand whether or how they should apply.

2. Language

Reflection is widely accepted and used in nursing. It is frequently used as a curriculum model and is used for academic and practice-based assessments. It is an expectation of the professional body that every practitioner will be reflective. There is an assumption that all will be able to do this. This may present difficulties to those who think in a more concrete way. They may be unable to access their learning in a form that is acceptable.

Practice is interpreted fairly rigidly in this institution depending on the nature of the programme the student is taking. The frequent use of vivas as evidence of learning is interesting. Their use may reflect the difficulty facing professional educationalists where different professional practice and academic criteria are used. For instance, professional lecturers may be conscious of professional accountability issues for themselves and students where credit is sought.

Work-based learning and APEL was raised as an issue. Is there a distinction between WBL and APEL? Learning from work is usually a mix of current and recent past for APEL. In professional education what is learned from work has a particular connotation, i.e. how has this learning changed your practice and what are the specific outcomes. It is expected that self reported change of practice, habits etc. is evidence of learning in itself rather than the process that the student has undergone.

The response to the accounts required the staff to be assured that claimants were applying this learning in practice rather than had just learned from their experience. This may well be implicit in the Higher Award approach but it is not necessarily the HE approach. It seems that it is rare for students on professional programmes to put forward learning gained from experiences that are not 'professionally derived'.

3. Resource Implications

The real costs to students and the institution are difficult to determine. This complex and transparent process appears very costly however much of these costs do not account for the vast amount of informal help given. Presumably this is why a great deal of written material has been produced for health students.

Co-ordinators report that dealing with enquiries took a great deal of time. It seems likely that effective preliminary advice is the most cost-efficient aspect of the process for staff and students.

4. Parity and Quality Assurance

It appears that in this institution APEL is subject to much more scrutiny compared with 'regular' assessments. What are the benefits to students if it is more difficult? Is the rigour in the right places? The length of the APEL process inhibits other work and affects student motivation.

Intuition is an important element of the assessment process, whether in the initial consultation or examining work. For example, tutors use intuition to probe students to elicit what work they have done where a student may not feel confident about their learning, or on reading assessed work they can spot potential credit areas and get a feel for the level and potential of student.

This intuitive judgement is based on knowledge and experience, not only of AP(E)L; however, this makes articulating judgements difficult. This is not necessarily anything different from other assessed work. This intuitive approach co-exists alongside pre-set criteria.

It is possible to ignore the criteria or use them to confirm, rather than make, a decision

5. Relationship with HE

The Health department has always been in HE. The staff appear to have worked closely with the centre but demand has meant that their development has 'outstripped developments' elsewhere in the HEI. The volume of credit is vast. This meant that separate systems were permitted but the same quality assurance systems apply. The institution has responded to needs and is developing systems which support CAT, e.g. development of a transcript which will distinguish the origin of credit.

6. Developmental Stage

See above. The system is very sophisticated and complex. Further developments include the appointment of an APEL external examiner and an APEL board separate from the assessment board.

There is a dilemma here. If APEL is to become mainstream it should be seen in the same light as other assessment practices; however, demand may preclude this. It is interesting to note the shift in the role of the external examiner function who obviously will not just be required for subject expertise.

7. Pockets of Knowledge/Expertise

As before. Much is invested through the Co-ordinator providing leadership and development of staff.

There is a danger that the pool of experts is, or remains, so small that quality is threatened, particularly in a professional field where some aspects may go unchallenged through more ordinary academic practices e.g. the nature of evidence used for APEL.

8. Internal Consistency

There is a great deal of coherence regarding the AP(E)L process but is very bureaucratic and time-consuming. It would be interesting to track the outcomes of this process as most were in progress at the time of interview.

Assessment of credit, even in the preliminary stages, will be shaped by what the student wants or needs for a programme of study. In decision-making, staff here have looked at credit in terms of what the student needs and it seems there is room for negotiation e.g. level 2 credit.

Bench-marking may occur at level 2 as many professional programmes are at that level and there is an assumption that level 1 credit is met by registration (although interestingly not in this institution). It has also been expressed that few health students have studied to level 3.

Normally, programme planning is a separate process but with AP(E)L it may have to be taken into account as the student may be entitled to credit but is not able to use it. This is also related to the structures of the programmes and regulatory framework.

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9. Information Systems

Tailor-made documentation is essential to ensure students can make sense of what is required of them particularly in relation to possible study programmes. It is not without difficulty that students may put together a portfolio before knowing which programme they are studying. There is a danger they may not be eligible for admission.

Staff were concerned that students should not be deceived into joining a programme without knowing what their AP(E)L credits were. They intimated that other (presumably local) HEIs employed this strategy and it was unfair as students did not always get the credits promised and that they were then committed to a programme of study.

10. Need and Desire to Share and Collaborate

No information available.

11. Complexity of AP(E)L as an Area for Research

No information available.

12. Characteristics of Students

This student was approached by staff to apply for AP(E)L. This may well be anomalous as she was one of the first wave. Students are expected to write learning outcome statements. However, there is a tension between imputing experiential knowledge to students which they might be expected to have and whether they can actually identify this for themselves. Whose learning is it?

There is also a potential problem in that the Higher Award Framework intends practitioners who might not otherwise undertake an academic programme to access higher learning via the practice route. In reality, it seems that AP(E)L may actually screen out those for whom the HAF was intended.

13. Characteristics and Issues Relating to Receiving Awards/Programmes.

The regulatory framework inhibits or enhances AP(E)L development as the amount of credit available may shape how the assessment is made.

14. Other Issues

No other issues raised.

INSTITUTIONAL CASE STUDY NUMBER 8

This 'institution' has recently integrated with the HEI. Only selected programmes at degree and diploma level became HEI awards. The ENB programmes remained with the Trusts. Further integration is planned to include these programmes within the HEI structures. However, there is a process for accreditation through the AP(E)L scheme which has allowed the development of programmes with departments within the NHS. The HEI is a fairly compact institution which has almost 100% modular provision. The health school has been very influential in the development of AP(E)L in the HEI at both policy and practice levels. The health school staff reported that they had to develop their own systems initially.

Institutional Issues

1. **Accepted definitions are needed to safeguard and advance the highest quality arrangements and definitions for AP(E)L**

   There are no terms or acronyms to distinguish APL and APEL. There is a single process for AP(E)L but a more stream-lined approach for APL. The institution cites OU and BTEC definitions of credit.

   The institution distinguishes between general and specific credit, although neither term is defined. Credit is only given for specific credit against pre-existing modules.

   The main survey showed that appeals were not permitted for APEL. This response may be due to interpretation of the question, i.e. appeal is permitted on the same grounds of any other academic decision. During tracking, it emerged that students have challenged decisions but it is not clear if this was formal or informal. The decisions were upheld and there was a recognition that students often did not understand the subtleties of specific credit. The staff interviewed felt confident about their decision-making.

   The documentation offered showed a consistent approach to AP(E)L across the institution. A great deal of documentation has been developed and or customised for AP(E)L. The expertise and activity in health and education fields are acknowledged. It is not clear how far AP(E)L extends across the institution beyond these two areas. The prospectus mentions CATS is available for some post-registration health courses but does not offer any explanation.

   Greater detail is found in the definitive document for a recently developed AP((E)L module. This refers to a single approach to be taken for AP(E)L throughout the institution which is on-going. It identifies three elements - principles and structures, taught modules and information for staff and students. APL is used to denote AP(E)L. It does not distinguish in its use of terms between APL and APEL. It also provides OU and BTEC definitions which encompass the breadth of AP(E)L. It is evident that the definitive document is also very much a policy document for the whole institution.

Special part-time student forms and initial APL enquiries are sent out with regular application forms. Separate application forms for assessment of AP(E)L contain a brief description distinguishing APL and APEL. Forms for assessors to complete do not make this distinction.

Student information sheets explain what credit is and the process. Credit is given for work-based training, prior learning, experience and skills possessed. It outlines a slightly different process between APL and APEL. APL and APEL are clarified and that learning, not experience, is the focus. The term 'advanced standing' is used and tracking showed that a great deal of AP(E)L activity was used for access to level 3 studies as well as 'fast track'.

The health course leaflet mentions CATS in relation to the specific course structure and flexibility of study.

2. **A clearly expressed AP(E)L statement should be produced which demonstrates institutional commitment.**

Students are made aware of AP(E)L and given written material. Student guidelines and a leaflet for Health top-up courses indicate clearly what credit is possible and the maximum available. This is 2 modules at level 3. Entry criteria at level 2 are also made clear.

Central guidelines state the amount of credit available at each level and is expressed in the number of modules. Although there is no facility to give general credit it is assumed that these figures are the maximum, for example, 10 modules permitted at diploma level and six at final level.

The main survey showed that the maximum amount of AP(E)L permitted is 66%. However, tracking showed that in order to 'compensate' top-up programmes, a maximum of 30 credits is permitted at final level. All ENB courses are credit-rated.

At the time of the survey, the institution was not fully integrated with the HE and the CATS was identical to HE in anticipation of integration. However, it was stated that the institution had to develop its own system for professional courses as the HEI's system did not meet their needs. The Health Studies department led the institutional development.

The main survey indicated that levels related to those used by CNAA and HEI developments.

Only specific credit is offered to students who must identify and match existing modules they are claiming credit for. Outcomes are not really mentioned very much except in the central definitive document (principle 2) as a central principle which is stated but left underdeveloped in practical or other terms. However, the AP(E)L module states what learning outcomes are expected.

Staff guidelines do not explicitly refer to matching learning outcomes as a requirement for assessment. It is rather assumed that as all the institution's provision is modular, they are outcome-based.

Although staff may use a variety of assessment methods, and presumably criteria for AP(E)L if they assess claims against learning outcomes of a module, they should ensure parity of treatment and assessment standards with other students.

Students may not have to pass all learning outcomes, and AP(E)L claims should be considered in this light. Judgement is based on whether learning is sufficient to have passed the module.

3. **Curriculum development across the institution should include, where possible, an integration of appropriate AP(E)L arrangements.**

The documentation demonstrates a central policy for AP(E)L. AP(E)L is integral to the universal undergraduate modular scheme. This document is very clear and oriented to helping staff and students. It includes procedures and principles, staff guidance and information to students regarding the AP(E)L process and the APEL module available. Clear step-by-step information for students is included in a user-friendly format. The prospectus states, in relation to mature entry students, that credit can be gained, how to set about this, how it will be assessed and the limits of credit eligible under AP(E)L.

It also makes it clear that a charge will be made. Health course leaflets supplied were simpler and mentioned that courses were credit-rated.

The AP(E)L Co-ordinator stated that students are given guidelines and that the library holds copies of AP(E)L portfolios used. Workshops are also provided and Information sessions are undertaken by staff off campus.

The student interviewed had been given an information sheet with a contact name and number.

4. **AP(E)L processes should be integrated within the regulatory framework of institutions**

The stages of the accreditation process were presented clearly in a table and available to students and staff. AP(E)L has its own regulatory framework within the central system but this focused on AP(E)L for admission. Central management and monitoring of AP(E)L exists across the institution to ensure parity. External verification is used. The role of the credit committee is clarified regarding ratification of decisions on credit. An external verifier sits on this committee. There are three committees involved in the process. A credit panel makes the decision, which is ratified by credit and field committees which have monitoring functions centrally and locally respectively. A streamlined process has been introduced for APL.

Students normally are only able to claim credit prior to, and up to four weeks of entering the programme; however, flexibility is used to accommodate students on health programmes. There is some discrepancy between policy and practice in that more flexibility is exercised in the health courses to cope with demand. Credit panels meet twice per semester.

The main survey indicated that assessment criteria are used similar to a non-APEL assessment. This was difficult to judge on tracking.

The documentation and main survey show that re-submission is permitted. The number of re-submissions, or if appeals are permitted, is not mentioned in documentation. The AP(E)L Co-ordinator explained that students were advised about evidence required for re-submission.

5. **AP(E)L procedures should be documented clearly and be available to all students, academic and administrative staff and external assessors.**

Very clear and detailed information was given in (Health) student leaflets and AP(E)L document for credit explaining the process and its central management and monitoring. Students identify exactly the volume and level of credit they will apply for.

However, the quality assurance document does not mention credit at all, although it could be implicit within the systems. This is odd as the quality assurance document appears to be printed a year later than the AP(E)L document. This indicates that totally separate developments for credit occurred for Health (with approval from the HEI) and were imported on integration. It appears that what appears as central policy to the HEI may only refer to the Health School in practice.

The main survey stated that all applicants receive written information about AP(E)L. All staff received guidelines on assessing AP(E)L and received preparatory staff development.

The AP(E)L Co-ordinator reported that workshops and information sessions were held regularly. Students were given handbooks. They chose whether they wished to be allocated a counsellor if help was required in formulating their portfolio or to undertake the APEL module. The timescale was dependent on the student. The application was processed centrally and sent to an appropriate assessor. Students may be invited for an interview for clarification. Students are advised of the outcome in writing. The student is advised if they are unsuccessful. There is a monitoring system present. The new APEL module is available but has not run fully yet due to resource pressures.

Students get help from a variety of sources e.g. course leader, field leaders or continuing education departments. Staff are clear about the nature of advice to be given and liaise with each other carefully.

Students can also gain this information from the library where APEL texts and guidelines are available. The student interviewed found out about AP(E)L from a course leaflet which also gave a contact name and telephone number.

Staff and student roles in the process are very clearly delineated in a table. The role of the centre and administrative staff is also evident.

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In the main survey, those with admissions responsibilities have power to make decisions about AP(E)L. Staff with subject expertise assess APEL claims and the decision is made by committee. It is very clearly stated that the Advisor and Assessor are not the same person.

The student enquiry form for AP(E)L is sent to all part-time students and with other written information locates the student within the process and makes the student's role clear.

The AP(E)L document is clearly oriented towards developing staff. This is mainly academic although administrative functions are also indicated. No specific staff development programme is mentioned but is implicit in the material produced for staff guidelines.

Although the main survey shows preparatory staff development is given to academic staff, it is implicit that administrative staff know their roles and have been briefed by the AP(E)L Co-ordinator.

The Assessor interviewed stated that there was now a staff training course available and intended to take it. Most of the Assessor's staff development had occurred by being with the course leader and "learning on the hoof".

6. **AP(E)L procedures, relevant documentation and outcomes should be included in monitoring processes.**

The quality assurance document was impressive and comprehensive in covering 'standard' assessment activities but AP(E)L was absent. The main survey stated that systems were in place that could monitor AP(E)L. The AP(E)L Co-ordinator felt that there were several mechanisms to monitor quality and that it was all covered in the quality assurance handbook.

The AP(E)L document details a monitoring process which includes the relationship of the three committees involved, a separate annual report from the external advisor, the checking of credit decisions to ensure parity across the institution and the tracking of AP(E)Led student progress.

Although there is a discrepancy, it seems clear that AP(E)L can be monitored in the institution. It highlights the difficulty of achieving parity across an institution where perhaps the student profile is diverse.

7. **An analysis of staff development required for AP(E)L should be included within policy and practice documentation.**

The AP(E)L document is clearly oriented towards developing staff. This is mainly academic although administrative functions are also indicated. No specific staff development programme is mentioned but is implicit in the material produced for staff guidelines.

Although the main survey shows preparatory staff development is given to academic staff it is implicit that administrative staff know their roles and have been carefully briefed by the AP(E)L Co-ordinator. The respondent was unsure whether staff development is given for APEL. The Assessor had received formal training in assessing APEL claims.

The Assessor interviewed stated that minimal staff development had been received. There was now a staff training course available and this would be taken by the Assessor. Most of the Assessor's staff development had occurred by being with the course leader and "learning on the hoof".

A series of staff development workshops were lead by the AP(E)L Co-ordinator. It was considered important that assessors should know the principles of AP(E)L. After only 18 months' experience, the Co-ordinator acknowledged that developments were still new and that it would take time to build staff expertise and numbers.

8. **Appropriate means of communicating credit awarded for AP(E)L should be established and included on student transcripts.**

No transcript was supplied; however, the AP(E)L application forms show what credit has been granted and this is the student's record. The main survey showed that registry was responsible for holding the database for the outcomes of the applications. Students are notified in writing about the result of AP(E)L.

Operational Recommendations

1. **Information about AP(E)L should be available to all applicants.**

Information seems readily available and clear. Named personnel are identified in course leaflets. Advice, roadshows and workshops are provided free of charge to students. All enquirers and part-time students are sent information and customised application forms for AP(E)L. This part of the process is dealt with by the registry.

Students can opt to have a counsellor during portfolio preparation and informal access to staff 'on demand'. The student interviewed found out about AP(E)L from a road show and course leaflet with a contact name and number, informal discussion with staff and a handbook. Contact was made by telephone and led to a meeting to discuss AP(E)L. This student had already attended another course and was already known to staff. The student sought help from them.

2. **Where academic staff are involved in the guidance and counselling of students in the preparation of AP(E)L evidence, they should not normally be the sole assessors of that evidence.**

The channels for advice and guidance are explicit in the student information. The main survey stated that students were allocated a named Advisor for APEL and that this Advisor is not involved in assessment.

The AP(E)L Co-ordinator reported that help was available from a large number of sources formally and informally, from pathway leader, field leader and administration staff.

All applications are assessed internally and ratified by externals at boards. Registry sends the application to the appropriate Assessor. The Assessor makes a decision about the credit which is ratified by the credit panel. This decision may be 'grandmothered' by the Co-ordinator. The external assessor may also see the work, although work is not routinely sent out but is always available at the board.

The student interviewed did not know who was involved in making the decision about her AP(E)L claim.

3. **The role and responsibilities of students will be made explicit in the AP(E)L process.**

The policy document indicates that students can opt to prepare and present their evidence in a number of ways. This may be an independently produced portfolio or advisor-assisted portfolio or APEL module. The portfolio is the main method of presenting evidence with supplementary interviews; however students may produce 'regular' academic work in lieu of an assessment of a specific module. The flow chart provided clearly shows the student's role in each stage of the process.

Student guidelines for credit make it clear what students have to do. On the application forms the student has to state what modules they wish to gain exemption from. The student must gain approval to pursue their claim.

The role of the student is explicitly bureaucratic. Reflection as a student activity is not specifically mentioned in the general information to students but it is implicit. It is explicit as an outcome of portfolio-building stated within the APEL module documentation.

The staff guidelines make it clear that the student is responsible for making the claim, for identifying knowledge and skills and to support it with evidence. Reflection is seen as an activity which not only identifies learning but assists in the presentation of evidence.

The main survey supports the documentation in that students that were required to provide documentary evidence for AP(E)L were advised to indicate level and number of credits and demonstrate outcomes required.

The AP(E)L Co-ordinator explained that students were informed, throughout, of their role in the process. Students had to make choices about how to proceed. They had the responsibility for the timing of the application.

The student interviewed was rather hesitant about making a claim. She 'took a lot of convincing' by a staff member who knew her. However, she knew she had to make a written claim and sought help before doing this. Her portfolio was constructed following advice and was revised after more feedback.

4. **Experience on its own is insufficient grounds. APEL credits the learning which the learner can evidence from prior experience.**

Experience is repeatedly referred to as counting for learning - as a means to encourage applicants to consider their experience as valuable. However, it is stated explicitly that experience alone is not enough, it is the source of learning. Evidence of learning from experience is required from the student. This learning must be capable of being assessed: AP(E)L "...is about learning and not just experience."

As is clear, only specific credit is available; students are aware of this. It appears that the main source of information about the specific credit they should target is given verbally.

The survey showed that the outcomes of experience have to match existing modules. Students can identify outcomes unique to their own experience. The nature of the evidence required is normally written or by viva. The AP(E)L Co-ordinator reported that decision-makers will look at total effort - the student's effort and the learning that results.

The Assessor stated that students find it difficult to understand specific credit. They cannot understand that if they present a course that is already credit-rated why they should not receive the full general credit value. Given that the courses were practice-based, equivalence was seen as important in relation to its relevance to professional practice.

The student received help and encouragement from staff who knew her and did not imagine that her prior learning would be acceptable. She had expected to find producing the evidence demanding. In the event, it was not as 'gruelling' as she had expected. She was very grateful for the opportunity to take a degree.

5. **Evidence of learning must be assessed by academic staff using whatever means are appropriate.**

The definitive document shows the assessment process and academic staff with the relevant expertise as the assessors. No specific assessment criteria were outlined although the stated AP(E)L principles which underpinned the philosophy of AP(E)L in the institution provide some general benchmarks. It also states that the credit panel's role is to form judgements on the basis of validity, sufficiency, authenticity and relevance, and also on the quality, currency and appropriateness of the evidence supplied. The portfolio appears to be the main form of evidence although other methods are available and clear to students.

Student guidelines state the sort of evidence which can be used but are not specific regarding the assessment criteria that will be used i.e. learning outcomes are not mentioned here. They state assessors will be looking for '...appropriate level writing skills and knowledge at the level of the programme...' to be claimed.

Staff guidelines are more explicit and mention authenticity and relevance etc. Learning outcomes are mentioned; however, their function is not explained. Other stages in the process are identified which should be clarified with students during face-to-face contact i.e. systematic reflection, identification of learning, synthesis of evidence through portfolio. Assessment methods are flexible, and as long as they have parity with more traditional methods, this is considered appropriate.

The survey showed that academic staff assessed credit on admission or made recommendations to the credit panel. AP(E)L was judged by those with subject expertise in the area. Documentary evidence was required for AP(E)L.

With regard to APEL, it stated that the length of time as a practitioner did not count. The AP(E)L Co-ordinator stated that the total student effort was considered together with the learning that resulted from this.

Interestingly, the Assessor stated that where certificated learning had a direct practice link it was viewed differently. Consideration was given to how relevant it had been to practice, the number of learning hours involved and whether it was current in their practice. The Assessor felt it was important that students need to understand how AP(E)L is being done and that care must be taken to compare like with like.

The student did not know how her work was assessed.

6. **The AP(E)L process must be equitable and capable of scrutiny and enhance quality.**

The definitive document makes clear the monitoring functions of the three boards. Specifically, they monitored admissions, decisions, parity across faculty and student feedback.

The survey stated that common AP(E)L processes exist for all professional courses and that quality assurance mechanisms are in place to monitor consistency and comparability. Outcomes of processes are given to students in writing.

It should be possible to check that all HCS students received the same information about AP(E)L and possibly support and compare outcomes held on central database.

The AP(E)L Co-ordinator has been very active in the developments of AP(E)L and has evaluated the new APEL module. A monitoring system is in place which the Co-ordinator was assured was covered in the quality assurance handbook.

The Assessor stated that students had challenged decisions and that it was difficult for students to understand the subtleties of specific credit.

The student did not find the process as burdensome as expected. She was pleased with the result and glad to be given the same opportunities as other students.

7. **Charges for AP(E)L where they occur, and the criteria for these, should be clear to students and the institution.**

In all documentation it is clear to students that they will be charged for AP(E)L. At this point no real distinction is made between APL or APEL. No specific charges are mentioned except that if they choose to do the AP(E)L module they will be charged the usual module fee.

In information given to health students it is indicated that the greater the amount of work generated by a 'large portfolio' the greater the charge - no sums are given.

The survey questionnaire showed that fees were charged for APL and APEL. The AP(E)L Co-ordinator said that although charges are permitted and the principle is broadly published, in reality no charges have been made to date.

8. **Where there is a maximum and/or minimum volume of credit allowed for AP(E)L, such limits should be made clear.**

The student AP(E)L guidelines identify the maximum credit allowed in undergraduate programmes. This is expressed as a number of modules rather than a numerical value. The survey showed that 66% of a programme is the maximum permitted.

The AP(E)L Co-ordinator explained that there is no differentiated level 2 and all credit given must be specific credit. The minimum is likely to be 15 credits as this is the module size. The student knew she was given eight modules to enter the programme at level 2.

Case Study Comments from AP(E)L Co-ordinator

General Comments in Case Study A

The respondent felt the student had potential credit. As only one piece of work was supplied, the range was limited and would need supplementary material to make a judgement. The student did not it make clear what credit was being sought. She had a range of knowledge (Assessor cited eight areas of knowledge). The student would need to develop and verify the knowledge and match it against specific modules. There was evidence of reflection and the ability to apply concepts. There were some modules it could be matched against, e.g. research methods. The student may need to do a supplementary viva.

General Comments Case Study B

This account is different and could match against a group processes module - 'if we had one!' This work could be presented directly as a module assessment. There is evidence of supportive theory, reflection on practice and application to practice though this is limited. The Assessor would still like other evidence although it was not specified what.

Comments on Academic Level on Case Study A

The Assessor could not indicate a particular level or maximum or minimum credits without further information. This would depend a great deal on seeing the teaching pack to match it against the module content.

Comments on Academic Level on Case Study B

The Assessor could not indicate a particular level or maximum or minimum credits without further information. The credit could not be offered within programme as it is all specific. Credit could be offered for diploma equivalency for entry but only as part of a total CV and not free-standing.

Comments on Number of Credits on Case Study A

See above.

Comments on Number of Credits on Case Study B

See above.

Both accounts would need further evidence or discussion. It would be possible to interview students and annotate conversations which could count as evidence.

Emerging Themes And Issues

1. Roles and Functions

   The role of the AP(E)L Co-ordinator has been, and is, key in the development of systems and staff. The apprenticeship model of staff development for AP(E)L is the one most in use. It is evident that there are differences in expertise within Health programmes. This may be based on particular experiences and differences in the programmes.

   The AP(E)L Co-ordinator and Adviser roles were key in building student confidence.

   Power is vested in the Assessor as the expert. This is similar to a first marker elsewhere in the assessment process. However, despite the existence of AP(E)L panels these decisions are rarely overturned. Is there a real capacity to challenge these decisions particularly where bound up with professional outcomes?

2. Language

   There is something distinctive about the way credit decisions are made in professional programmes i.e. practice-based or practice application. This did not necessarily relate to the professional status of the course (whether it was necessary for practice). Decisions appeared to be made on the basis of something between APL and APEL. For example, an ENB 998 with experience and/or development in practice would accrue more credit than just a 998 alone. It seems to be a 'cumulative' mix of past formal learning with practice application and current work-based (experiential) learning. This therefore affects the view of standard programmes i.e. courses with a direct practice link. Will this change?

Adult educational theory and reflection, in particular, was in use as both a learning tool and method of presenting evidence. Portfolios are accepted widely. This is another potentially ambiguous area as a portfolio is required for the Higher Award. The UKCC also requires qualified staff to maintain professional profiles (which have been referred to previously as portfolios).

There are certain subtleties regarding common words in use for AP(E)L which mean slightly different things in nursing or midwifery. For example, experience has traditionally meant the length of time as a qualified practitioner, the status of the post held and the breadth and depth of specialities undertaken. Although not entirely exclusive, it is quite different to identifying particular learning from experience. This may be why many applicants find it difficult to identify and articulate their learning.

3. Resource Implications

Processes are lengthy and detailed which clearly have cost implications. It is possible to identify the minimum and maximum resources used. This would include time spent with students, whether formal or informal, in which staff are involved at the key stages, in stages in the process, and the support materials used. However, this is difficult to judge in reality as so little is known of other actual cost in HE. For example, what would be the same cost for a student going through a taught module? This could be considered far more expensive as presumably capital costs would be incurred.

In addition, costs become hidden in the AP(E)L process as staff support students informally especially where tutorial guidance is open-ended.

4. Parity and Quality Assurance

It may be the case that where processes are lengthy and detailed they may be very thorough. It is difficult to establish whether the shape of the processes themselves relate to quality. In this institution there is no direct evidence of monitoring except 'internal' to health programmes to produce consistency.

There seems to be a discrepancy between the explanation of processes in practice and those in the written documentation. (No doubt this is a common phenomenon in HE.) This difference is likely to reflect rapid development. There is also a tension between developing bureaucracy which limits development and devising a 'constructed' quality assurance system.

The intense involvement of Health and Education in developments can lead to a false impression that AP(E)L is widespread in an HEI. This can become reflected in the documentation where there is centralisation of procedures. What is the impact regarding the introduction of AP(E)L activity elsewhere in HEI? There may be a tendency to marginalise activity in one or two areas, particularly where the student profile differs to the rest of the institution and professional bodies are involved.

In this HEI informal quality assurance systems exist to cross check at local level decisions with staff who have greater experience. It is clear that staff themselves are learning by APEL!

AP(E)L is treated with the same gravity as regular assessment.

Assessment criteria are used so that a distinction is made between matching knowledge and learning. It is important to note that parity of assessment methods includes the use of interviews as valid alternatives to other forms of evidence. Often these may be used to supplement work just as vivas are used routinely to supplement HE assessment methods.

There are problems where only specific credit is available. How can students value their learning when others define what they have learned in specific modules only? This was frequently the case for account B where it was evident that the learning was relevant and worthy of credit but did not fit most of the provision. This can result in students having to shape their learning to fit (sometimes exactly) into the right box. This can be influenced by the advice and guidance process and imputed credit which includes identifying what is required and then locating specific credit for applicants.

General credit in professional routes needs to be examined as it has implications for flexibility and the philosophy of CATS and future PREP implications. At best general credit allows entry to programmes. There may not be a particular knowledge base required for entry to 'layer' or top-up programmes. This makes the adherence to specific credit consistently inconsistent.

Students can only apply for credit within a four-week time span of starting the programme.

5. Relationship with HE

It appears that the HEI is committed to modularity and has been supportive of the developments in Health programmes. Prior to integration, systems and processes were being developed by the Health School. The Health department has had a major role in developing policy and practice at local level for wider consumption. There is little to suggest that this has had an impact on practice in the rest of HEI.

6. Developmental Stage

The Health department has devised sophisticated systems which are operating separately from the rest of the HEI. The system operates flexibly to accommodate students but this is resource-intensive. Health is continuing to lead AP(E)L developments.

7. Pockets of Knowledge/Expertise

AP(E)L knowledge and expertise were held in two departments, Health and Education. Interestingly, Education is likely to have a similar student profile to Health and the nature of the programmes will be congruent. The Co-ordinator is very important in determining how AP(E)L occurs in practice; therefore she plays a key staff development role. Staff view the Co-ordinator as an expert and readily defer to her.

8. Internal Consistency

Only specific credit is given here. More generally, the APEL accounts indicate that where credit is offered mostly this is specific credit. This may be due to a number of reasons: (I) it is easier to identify learning with an existing module, (ii) low staff confidence or experience in using general credit, (iii) no facility exists within the institution to use general credit or this is only used for entry to programmes, (iv) the structure of professional programmes may inhibit the use of general credit, or (v) habitual use of specific credit.

It is interesting that staff felt quite confident in justifying their own AP(E)L decisions but were rather hesitant when faced with something 'unknown', as APEL accounts A and B demonstrate.

There are a number of explanations for this, including the artificiality of the process, social desirability and difficulty in ascribing specific credit if a module and general credit do not exist at all. It may also indicate that written evidence alone is not sufficient and need a 'live' student there to viva.

9. Information Systems

No information available.

10. Need and Desire to Share and Collaborate

No information available.

11. Complexity of AP(E)L as an Area for Research

No information available.

12. Characteristics of Students

The expectations of students may well be different to those of the staff. This can be in respect of whether the credit is acceptable and what is involved in producing evidence. It is possible that students may be better not embarking on AP(E)L and students need to understand the consequences either way.

It seems that students need to understand credit principles before they can apply for credit effectively. This can be reflected in the application process and the information systems developed. Systems should ensure that students are able to challenge decisions. It is interesting that very little use was made of technology - interactive or otherwise.

13. Characteristics and Issues Relating to Receiving Awards/Programmes.

Professional education developments have led to the growth of 'top-up' programmes or layer courses, for example, where nursing or midwifery diplomas are based on 120 level 2 or advanced credits only (i.e. no taught level 1) and degree programmes are based on 120 credits at level 3 (i.e. no taught level 2). This has had an impact upon standard norms in HE regarding the maximum credit permitted within awards and the need to assess credit.

Similarly, a CATS had to be developed to take account of the demand for AP(E)L and the absence of HEI systems being in place on integration. Systems that have been developed separately before integration are likely to remain in place even if integrated with another HEI.

Paradoxically, the relatively short diploma and degree programmes mean that the availability of credit is reduced. This may also create problems if programmes are not truly modular. In addition, there is limited time for students to amass their evidence.

The requirement for students to collate evidence as well as preparing other assessments may put some students off, particularly if this has to occur at the beginning of the programme and the assessment for APEL is more difficult.

14. Other Issues

No other issues raised.

INSTITUTIONAL CASE STUDY NUMBER 9

This institution, at the time of the survey, was not integrated with HE but had links with four HEIs. In each of the three institutions there were validated degree and diploma level programmes. The fourth institution was a traditional HEI where the College merged during the intervening period. Since the survey integration has taken place and the Higher Award and two other professional degree programmes have been validated by the institution. The pre-existing programmes continue to run and the credit-ratings have been taken on by the new HEI as they stood. Although these programmes were credit-rated, they were not modular.

To date, the Health staff have no direct experience of APEL for the Higher Award and demand is low. This institution is in close proximity to other HEIs. The respondent who completed the original questionnaire was not the AP(E)L Co-ordinator as no CATS existed at that time. The institution is multi-sited with a considerable distance between each site. Most of the Health staff only teach Health students.

There will be a noticeable difference in the responses between the AP(E)L Co-ordinator and Advisor as they represent postgraduate non-professional and undergraduate professional programmes respectively. There appears to be a distinctly apposite approach to AP(E)L at each level. The HEI appears to operate a fairly 'hands off' approach to AP(E)L at present but is in the process of developing its systems.

Institutional Issues

1. **Accepted definitions are needed to safeguard and advance the highest quality arrangements and definitions for AP(E)L**

   At the time of completion of the questionnaire there was no agreed system of accreditation although all ENB courses were credit-rated at the various institutions. Therefore, all of section 4 was not completed and major gaps occurred in sections 3 & 5.

   The institution was linked with four HEIs and was expecting to integrate with one of them later in the year. The Higher Award and degrees in Nursing and Midwifery were being validated via the integration process.

   It appears that the experience of credit is related to the credit-rating and validation of programmes across four different institutions.

   Very little documentation was available. The AP(E)L regulatory framework document for the Health School shows principles and procedures which govern credit. The institution distinguishes between general and specific credit, and between APL and APEL. General credit is only used for entry to programmes and specific credit is only used within programmes.

It is not quite clear if there is a real differentiation between APEL and learning from experience attached to APL. Neither of these terms is actually defined, although APL refers to accreditation of prior learning and seems to encompass both certificated and experiential learning whilst APEL refers to the assessment of prior experiential learning.

Interestingly, levels are defined in terms of pre- and post-registration qualifications i.e. 120 level 1; and post-registration is more open but presumably at level 2 and above.

Simple separate application forms for AP(E)L on entry and from within a programme have been devised for use in the Health School. Students have to specify the volume and level of credit they are seeking.

2. **A clearly expressed AP(E)L statement should be produced which demonstrates institutional commitment.**

The AP(E)L regulatory framework document shows the agreed system for the Higher Award Framework in the Health School. It shows the maximum credit available and use of general and specific credit.

In the survey, the CATS was said to be identical to the main HEI and that full integration was expected later in the year. They stated that they did not have to develop their own system for professional courses. All ENB courses are credit-rated.

The Co-ordinator stated that there was no special information available to students about AP(E)L - only the school regulatory document which was given on enquiry.

The Advisor stated there were no agreed set of HEI procedures; however the HEI via registry is developing institutional systems and approaches. An APEL module has been developed at Master's level which is open to all at postgraduate level - validation pending. In addition, it is hoped that APEL modules will be developed at school level across the institution for undergraduate programmes.

In the survey the respondent stated that the model of CATS used was the HEI model. This seems to reflect the confusion that existed in the absence of an AP(E)L Co-ordinator and a mix of different institutions providing various models of credit.

The regulatory document states that specific credit is offered to students who must identify and match existing courses/awards or modules they are claiming credit for. Meeting learning outcomes is not mentioned. The regulations do not seem to relate to a greater institutional approach to regulation.

In referring to the case studies A & B the Co-ordinator stated that the evidence would have to match outcomes of modules to gain specific credit. It was not clear what they would have to match to gain general credit. With regard to the Health School's general procedures for awarding credit, module outcomes have to be met in full. However, this is hypothetical for APEL as no students have applied yet.

3. **Curriculum development across the institution should include, where possible, an integration of appropriate AP(E)L arrangements.**

As stated before, the documentation does not really indicate that the regulations relate to anything else other than other professional programmes. However, it is envisaged that further changes will occur.

The AP(E)L Co-ordinator reported that general information was given by her as Co-ordinator and the students are given the regulations. Designated staff visit sites to provide information to Hospital Trust employees as part of the contract. Advice is given by the course leader responsible to students and assisting their claim for entry to a programme. The student will see the module leader if claiming for a module.

The Advisor stated that it was the Health staff who wrote the AP(E)L regulations for the Health school. The Advisor's perspective was interesting in that she did not have a professional background in nursing and midwifery. She had worked in the HEI prior to involvement with professional programmes and her expertise in AP(E)L related to postgraduate programmes. A number of applicants applying for Master's programmes were professional students with considerable profiles and without first degrees. She called upon the expertise of the Health staff as needed.

4. **AP(E)L processes should be integrated within the regulatory framework of institutions**

The document has a flow chart which mentions clearly the stages of the accreditation process. AP(E)L has its own regulatory framework within the school and this includes separate but similar processes for AP(E)L on admission and within programmes. There was no documentation to suggest central management and monitoring of AP(E)L across the institution to ensure parity, although the document mentions the need for rigour to ensure the integrity of awards. As already stated, there were no agreed set of HEI procedures although this is expected to change.

In section 5 of the questionnaire the respondent was keen that when an AP(E)L system is set up awards will compare well with others and be seen as valuable.

Re-submission is permitted in the regulations although the number of re-submissions permitted is not specified. Students can request a review of the process but not academic judgements made.

5. **AP(E)L procedures should be documented clearly and be available to all students, academic and administrative staff and external assessors.**

The process is clearly outlined in the regulations document but very little elucidation of these regulations is made. Given that this document is also used for students it is not very student-friendly. It is not clear how much sense students could make of this information without additional advice. Students identify exactly the volume and level of credit they will apply for in their application forms.

General information is supplied by the Co-ordinator and students are given the regulations. Designated staff visit sites to provide information to Hospital Trust employees as part of their contract. The course leader advises students seeking general credit and assists them with their claim. Similarly, module leaders advise and guide students seeking specific credit from a module. It is not explicit in the document but they also make the recommendations for credit.

The regulatory document does not specifically define these roles although the relevant staff are identified in both processes (as above). The credit panel membership and terms of reference is given. Staff development is not mentioned at all.

It is clear where students are involved in the process (and it appears the onus is on the student to find out all the information required). The application forms are straight forward in one sense but it is not clear how students would know what kind of evidence is required. Evidence is specified in the regulations. It is not clear if these are definitive or key examples.

A distinction is made between theoretical learning and experiential learning. This is reflected in the different form of evidence required e.g. certificates and portfolio respectively. It is specified that experiential learning has to have been acquired in the last six years.

The Advisor had not received any staff development within her own HEI. However, she undertook her own development through her links outside the institution. It is acknowledged locally and centrally that this is a developing area and although a staff development programme is not available, good practice is being encouraged by the registry in discipline-specific areas.

6. **AP(E)L procedures, relevant documentation and outcomes should be included in the monitoring processes.**

The regulatory document states that the credit panel will report to either the awards or assessment boards depending on whether the credit awarded is gained for entry or module exemption. The credit panel is required to deal with reviews of decisions requested by students, to monitor the fairness of the system and maintain parity across courses and awards and to report to the school board annually.

The membership of the credit panel seems rather small (three people - chaired by the AP(E)L Co-ordinator) and essentially school-based. In addition, the external members are termed 'observers' - one from education, ?HEI and one from the clinical side. It is not clear what their formal status/roles are.

No panels have taken place yet. All information should be forwarded to the boards but presumably this is just to receive decisions rather than ratify them.

7. **An analysis of staff development required for AP(E)L should be included within policy and practice documentation.**

Documentation does not mention staff development. However, it is evident that informal development is taking place through curriculum development, policy formation and local discussion.

8. **An appropriate means of communicating credit awarded for AP(E)L should be established and included on student transcripts.**

No transcript was supplied, however, the AP(E)L application forms show a record of each stage of the process and what credit has been granted. It is assumed that it is held in the student records. The flow chart indicates that students are informed in writing of the credit panel's decision.

Operational Recommendations

1. **Information about AP(E)L should be available to all applicants.**

No information has been designed for students; however, the application forms have been specially designed for Health applicants. No students have been processed for AP(E)L yet.

It is likely that as they are just starting out with the Higher Award and demand has been low it has not been necessary to provide this. The Co-ordinator reported that during advice sessions with students many seemed initially enthusiastic but then rather put off once the regulations and what was involved had been explained. Students expected to gain credit more easily. This was considered to be due to the close proximity of other HEIs.

General information is supplied by the Co-ordinator and students are given the regulations. Designated staff visit sites to provide information to Trust employees as part of their contract. The course leader advises students seeking general credit and assists them with their claim. Similarly, module leaders advise and guide students seeking specific credit from a module. It is not explicit in the document but they also make the recommendations for credit.

It appears the onus is on the student to find out all the information required.

2. **Where academic staff are involved in the guidance and counselling of students in the preparation of AP(E)L evidence, they should not normally be the sole assessors of that evidence.**

The document is rather scant but very prescriptive. As the documentation is not really oriented towards students it would be difficult to identify the channels for advice and guidance (except in the event of failure).

The process is clear, the student applies, the application either goes to the module leader/s or programme leader depending whether they want specific or general credit. After consultation with the student both types of application are forwarded with a recommendation to the AP(E)L Co-ordinator. The AP(E)L Co-ordinator chairs the credit panel. Its decision is communicated to the student and the panel reports to the assessment or awards board. Sampling is not mentioned although information is available to the boards. The role of externals examiners, if any, regarding AP(E)L (at the assessment boards) is not stated. There is no mention of formal separation of the role of Advisor and Assessor. In the event of an unsatisfactory application guidance is offered before the claim is submitted to the Co-ordinator or after its rejection by the panel.

The regulatory document does not specifically define any of the 'roles' although relevant staff are identified in both processes. The credit panel membership and terms of reference are given.

The Co-ordinator states that the programme leader helps the student with her claim if for entry. The application form has a space for the student and programme leader to complete. If the application is for specific credit the same process takes place with a module leader.

Students get guidance from the Co-ordinator which is mostly about rules and regulations. She will direct students to other staff who will support them through their claim.

Assessors are the module leaders as they know what is required within the module. This is to ensure integrity. It should not be any harder for applicants seeking AP(E)L than for those undertaking the module. The Assessor or programme leader makes a decision which is ratified by the credit panel. The panel is looking for parity and also checking the level of the work. No panels have taken place yet.

Interestingly the Advisor saw her role as 'self made' and that of an advocate for students - this was not explored. She felt that students for postgraduate programmes required considerable guidance in preparing evidence. This required time but it was considered necessary to spend time in the right way early on as this would ultimately save time later. As part of this support system she recognised that applicants were not familiar with all jargon and implications of HEI CAT systems.

3. **The role and responsibilities of students will be made explicit in the AP(E)L process.**

It is clear where students are involved in the process (and it appears the onus is on the student to find out all the information required). The applicant has to state what modules (specific credit only is recognised) she wishes to gain exemption from or whether she is seeking general credit for entry. The application forms are straightforward in one sense but it is not clear how students would know what kind of evidence is required. Evidence is specified in the regulations but it is not clear if these are definitive or key examples.

The applicants' responsibilities and role are stated in the stages of the process - outlined in a flow chart in the regulations. It is not clear exactly what support the student can get and there is no documentation detailing how to put one's evidence together. The evidence that is acceptable is outlined but there are no details given. There is no mention of reflection or what process the student must go through to identify learning. Students can produce a portfolio or certificates for evidence.

The Advisor seems to provide a verification service on behalf of students. This may be due to the students and advisors' difficulty in getting information from institutions.

4. **Experience on its own is insufficient grounds. APEL credits the learning which the learner can evidence from prior experience.**

The nature of learning is not really expressed except regarding specific and general credit. No students have been processed yet although the Co-ordinator reports that decision-makers will look at whether the module outcomes have been met, e.g. content and level.

The Assessor advising postgraduate applicants finds this very time-consuming. It appears labour-intensive and not particularly self directed for students as it seems that the Advisor gets the evidence on behalf of student. She admits this is a self styled role and appears to be required. Is this only possible due to the federal style/autonomous operation of faculties in this HEI?

5. **Evidence of learning must be assessed by academic staff using whatever means are appropriate.**

There are no student or staff guidelines. Very scant information is given about the nature of evidence required and the various methods that can be used. It is uncertain whether the methods cited in the regulations are the only ones permitted. The portfolio appears to be the sole form of evidence for APEL. At present, the AP(E)L module is at postgraduate level only.

With regard to accounts A & B the AP(E)L Co-ordinator stated that students would need to show equivalence to the module assessments and match/use module outcomes. Following discussion with colleagues greater evidence would be required to fit an academic essay sort of model - how does this fit with the portfolio model?

The Advisor for postgraduate programmes operated differently as a number of applicants have considerable professional profiles which are considered in lieu of first degrees. Expertise in health school is used when required. Students are able to use a variety of evidence in accordance with university procedures and flexibility from the Advisor. Some will do the new AP(E)L module, (APEL module developed at Master's level to be validated shortly) which is open to all at postgraduate level. Some postgraduate applicants produce portfolios and some are permitted to try out level 3 modules. This is experimental as practice is developing in the institution. Credit is both general and specific at postgraduate level.

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6. **The AP(E)L process must be equitable and capable of scrutiny and enhance quality.**

The processes are clear but scant in the regulations. Parity is seen as important to protect the integrity of the awards.

The respondent in the survey stated parity was seen as very important in setting up AP(E)L systems to ensure that awards are valued.

No students have been processed yet. The credit panel performs the monitoring function. The nature of the application forms show a record of the decisions at each stage and in time could be tracked.

The Advisor stated that she does not make decisions but feels that the postgraduate process would stand up to scrutiny and it has representatives from the academic registry on the panel as well as the Dean. However, she felt that it was difficult for students to understand subtleties of levels etc. particularly if they do not have a first degree.

7. **Charges for AP(E)L where they occur, and the criteria for these, should be clear to students and the institution.**

Charges were not mentioned in the documentation. The AP(E)L Co-ordinator stated no charge would be made. Is this covered by block contracts or due to local competition? The Advisor states it is a time-consuming and necessary process and that the institution should make charges.

8. **Where there is a maximum and/or minimum volume of credit allowed for AP(E)L, such limits should be made clear.**

The regulations state unequivocally that the maximum credit is 50% at each level subject to programme regulations. The minimum is implied as 10 credits as this is the unit size and it is stated that only whole modules will be credited. (This is a little confusing as not all modules are equal sizes. e.g. ENB 998 is 30 credits)

Case Study Comments from AP(E)L Co-ordinator

General Comments in Case Study A

The Co-ordinator had discussed the cases with colleagues and felt that this student had actual credit due to the level and analysis of her work. However, the Co-ordinator had no experience yet of giving credit for experiential learning. She was not sure if it equated to an actual assessment in the institution and this would have been pursued - in particular its relationship to practice.

General Comments Case Study B

This work was also credit-worthy but not deemed to be as much as case A. B would be given the minimum and A the maximum.

Comments on Academic Level on Case Study A

If it related to an assessment which related theory to practice it would be level 3. When asked if it would need modification the Co-ordinator stated it needed to be written in an academic style, but there is evidence of reflection, proaction and innovation -(this is what is looked for) i.e. those making changes in practice. The decision was considered on the basis of the level of the analysis in accordance with Bloom's taxonomy.

Discussion with colleagues threw up problems of how to assess A and felt safe converting evidence into an academic essay which would make this easier to assess level. Would still require further proof that the student had achieved what they claimed in practice - might observe clinical area. It was not clear how this approach would relate to their portfolio method in the regulations.

Comments on Academic Level on Case Study B

Depends on whether general or specific is required - if general credit would gain entry to level 2. The Co-ordinator found this difficult due to a lack of experience regarding entry to courses.

Comments on Number of Credits on Case Study A

Would need to see how it equated with modules. Depends on whether general or specific required - if general, would gain entry to level 3 - difficult as lack of experience regarding entry to courses as before. Could get 20 credits as the claim covered a wide area of work, e.g. health promotion and change modules, and is experiential.

Comments on Number of Credits on Case Study B

Minimum would get is 10 credits as this is a module size; however, if credit is specific this may limit to maximum of 10 as has covered a narrower area of work. Some modules are double. If there was a 20 credit module in group work the claimant could get this if they met all the outcomes.

Problem recognised in the limitations of specific credit and where unit size is quite small. Students need to meet all the module outcomes. Decisions based on level and amount and whether modules exist for specific credit

Emerging Themes And Issues

1. Roles and Functions

The majority of interviewees were nursing or midwifery professionals and normally involved in AP(E)L solely for professional programmes.

2. Language

Educational theoretical approaches including Bloom's taxonomy to judge academic level.

Students who claim that they have made changes in practice as a result of experiential learning are rated more highly than those who did not. It seems that some forms of experiential learning are more valued than others.

3. Resource Implications

Simple systems may not be as user-friendly whilst more complex systems are likely to be more resource-intensive but more student-friendly.

4. Parity and Quality Assurance

A thorough approach is taken to making AP(E)L decisions when systems are new and expertise is being built up.

Most candidates taking the Higher Award entered with academic diplomas and did not require AP(E)L. This raises the question about whether those who are eligible for the Higher Award Framework are getting access to it.

There are considerable problems with the verification of courses from institutions - particularly nursing and midwifery programmes. Traditionally, nursing and midwifery transcripts have not given any information which can be used for credit transfer purposes. Students frequently pay fairly large sums for them only to find that they are virtually worthless for AP(E)L.

5. Relationship with HE

Confusion and complexities arise where more than one HEI's systems are in operation and there is uncertainty about where integration will occur. This affects the development and in the short term the quality of what can be offered to students. There is also confusion about monitoring in the transition period to full integration where existing awards are winding down.

6. Developmental Stage

New AP(E)L systems often operate rigidly which is important to enable control to be exercised. In the first instance simple structures and processes are useful for building expertise, confidence and ensuring that the system will work. This is particularly important where there is little expertise in AP(E)L.

Where the Higher Award characteristics are not mentioned specifically as module outcomes, AP(E)L becomes potentially more complex as although characteristics are to be met, this is difficult to assess and credit where the characteristics range over several modules.

There seems to be potential conflict or competition between the sorts of assessment criteria used to judge professional experiential learning. It is not always clear what additional criteria are in play or how they relate to each other. They can include the level of practice, the degree of change to the practitioner's own practice, changes made in practice, meeting a module's learning outcomes in whole or part, meeting the key characteristics, Bloom's taxonomy, recency, relevance etc., feel or expectation of other student's work on a similar programme, credit limitations available.

It is possible that professional staff who have very little experience dealing with HE may find it difficult to distinguish the subtle differences or political implications of using another HEI's credit system on integration with a different HEI (which may have no history of CATS or AP(E)L).

7. Pockets of Knowledge/Expertise

There is difficulty in applying an older postgraduate model of APEL to a rapidly developing professional field.

8. Internal Consistency

It is possible that socially desirable responses may be given for the APEL accounts where staff interviewed thought they were supposed to see a difference in them. Nonetheless, there is a consistency in how the accounts are viewed. Generally, account A is seen as better than account B. The decisions were arrived at using different criteria and approaches.

Different practices exist in HEIs at undergraduate and postgraduate levels including AP(E)L.

Where general credit is given on entry, does the level of the credit represent completion of the previous level, e.g. where entry is to level 2? Does this mean that general credit is level 1 or that work is equivalent to level 2?

9. Information Systems

Information not available.

10. Need and Desire to Share and Collaborate

The Co-ordinator discussed the APEL accounts with other members of staff to clarify her decision.

11. Complexity of AP(E)L as an Area for Research

This institution was unique in that it had yet to AP(E)L any students. Potentially, this limits the inferences that can be drawn from the responses and systems as they can only be viewed as statements of intent.

12. Characteristics of Students

Information not available.

13. Characteristics and Issues Relating to Receiving Awards/Programmes.

There is a problem with operating AP(E)L in partially modular schemes. 'Modules' that are of different sizes and credit-ratings give rise to difficulties regarding regulations, for example, where credit for components of a module cannot be gained and parity for students, if general credit, is not available.

14. Other issues

No other issues raised.

INSTITUTIONAL CASE STUDY NUMBER 10

This institution is an associate college of a redbrick HE institution. The majority of AP(E)L developments and activity is in the Health School. The school has developed and implemented AP(E)L rapidly and extensively. The systems are comprehensive and complex. There are considerable resources devoted to AP(E)L. Most of the provision is covered by large contracts with Trusts and costs are absent or low to these students.

Institutional Issues

1. **Accepted definitions are needed to safeguard and advance the highest quality arrangements and definitions for AP(E)L**

In the main survey the institution distinguishes between general and specific credit. A £50 fee is charged for APEL but there is no charge for APL.

A great deal of documentation was available including a prospectus (for Health courses only), a student transcript, an APL tariff, accreditation process document, an AP(E)L information pack and numerous student letters, proformas, guidelines for students at each stage of the process and an article published by the Co-ordinator. The documentation has developed over time and main documents are dated. It is clear that the use of terms has changed e.g. from APL/APEL to AP(E)L; however, definitions do not appear to have changed.

The prospectus for the college details all nursing and midwifery continuing education courses offered. Each course's credit-rating is stated. Most are validated by their HEI. There are two pages which explain CATS, levels, APL and APEL. Details of workshops for AP(E)L applicants, open days and AP(E)L modules with costs are also given.

The accreditation process document has been written by the Health AP(E)L Co-ordinator. This document was the most recent. It was aimed at Advisors and Assessors in Health to keep them abreast of the rapidly changing policy. It defines a whole range of terms and details regulations, processes and procedures. Four types of credit are defined - two types of specific and two types of general credit.

It is interesting to note the relative autonomy from the HEI and this is clear in the document. It does not appear that this is just the Co-ordinator's personal view.

The AP(E)L information pack for teaching staff was aimed primarily at Advisors and Assessors. This is an older document and some areas have been changed in the accreditation document, e.g. criteria for assessing claims. Levels are defined here but not AP(E)L; however, it is stated that Advisors and Assessors are expected to have a thorough knowledge of AP(E)L in relation to their respective roles.

The APL tariff was developed within the Health School. It refers to general credit. The tariff is localised to health programmes offered by the institution prior to the Higher Award and appear to have been 'retrospectively' credit-rated. The rest of the tariff refers to 'national' credit ratings based in part on the old ENB/CNAA tariff with some modification. This refers mostly to registration-type courses and recognised diploma courses.

The student leaflet explains CATS, levels and AP(E)L in a straightforward way. The outline of the AP(E)L workshop states that different types of credit is explored.

2. **A clearly expressed AP(E)L statement should be produced which demonstrates institutional commitment.**

There is no central documentation from the main HEI. The foreword in the Health prospectus from the Principal highlights AP(E)L and other student guidance facilities. Details of all continuing education Health courses offered with their respective credit-rating are given. Considerable space is given to CATS and AP(E)L in the prospectus. It shows the minimum and maximum amounts of credit available at each level but this is not very clear. There is a workshop for AP(E)L enquirers and they are referred on to an AP(E)L module and allocated an Advisor. The accreditation document and the student leaflet clearly states the amounts of credit available within the Higher Award Framework e.g. for diploma awards 120 level 1 and 60 level 2 maximum or degree level 120 level 1 and 120 level 2.

The AP(E)L information pack for teaching staff was aimed primarily at Advisors and Assessors. This is an older document and some areas have been changed in the accreditation document i.e. criteria for assessing claims.

The main survey showed the maximum amount of credit that could be AP(E)Led is 75%. The CATS systems in operation is modified but based on the HEI link but considered to be closer to CNAA. The college had to develop its own system for professional courses as there was no developed HEI system to draw upon. All ENB courses are credit-rated and all students are made aware of opportunities for AP(E)L and given written information.

The student found out about AP(E)L by attending a workshop. This was following advice after applying for a diploma programme. This allows the student to examine her options although she already had some information when she enquired about the programme.

Outcomes are mentioned frequently in the documentation concerning claims for all types of credit. The student must identify and match existing module outcomes or identify their own outcomes for general credit purposes. Learning outcomes are mentioned in the student leaflets with regard to specific credit and general credit. In staff documentation learning outcomes are mentioned in respect of general credit as these outcomes must be formulated.

There is a slight discrepancy in the documentation as to who formulates these outcomes. In the staff documentation it is the Advisor's role to assist students while the Assessor must be able to identify learning outcomes. It may just be the use of language. The newer student guidelines indicate the student should formulate them.

The Co-ordinator mentioned that accounts A & B would need to match module outcomes.

3. **Curriculum development across the institution should include, where possible, an integration of appropriate AP(E)L arrangements.**

All the documentation is oriented towards AP(E)L and attempts to be as user-friendly and transparent as possible. The systems are complex and it seems difficult to avoid jargon. All the ENB awards are contained in the modular Higher Award Framework and it seems that all students are encouraged to attend an AP(E)L workshop to consider their options.

The AP(E)L Co-ordinator reported that with each validation it is an opportunity to make AP(E)L 'mainstream'. This would allow further development of systems as there was some reluctance from the HEI to accept APEL at level 3. This was not permitted at present although APL is, albeit within limits. This tension was evident in the documentation between the absolute autonomy of the College in practice and constraints from the HEI in developing CATS. Therefore it appears that what is occurring in the Health area is not representative of the rest of the HEI. In practice, and at best, it is only representative of policy in a permissive way as an exception.

4. **AP(E)L processes should be integrated within the regulatory framework of institutions**

The staff accreditation handbook states clearly the stages of the accreditation process. AP(E)L has its own regulatory framework within the School. No general HEI documents were seen e.g. regulatory framework. None of the documentation suggested any central management or monitoring of AP(E)L across the institution. The process seemed similar to regular assessment practices across HE; however, there were no general assessment regulations to compare it with. The terms of reference for the AP(E)L panel/board were given and external assessors were not mentioned as part of the process. The AP(E)L panel sits like an assessment board but membership is not given except with regard to certain professional requirements in the quorum. This reflects the 'internal' struggle between midwifery and nursing as distinct professional groups as much as quality issues for AP(E)L.

The Co-ordinator reported that membership of the AP(E)L panel was fairly wide. It included the Head of School as chair, assessors, advisors, programme leaders, the director of curriculum, the assessment director and other co-opted members, the Co-ordinator, a representative from another faculty and a faculty representative from registry.

The main survey showed different marking criteria may be used for APEL depending on whether specific or general credit is claimed and the method of assessment the student has selected.

Re-submission is permitted for unsuccessful AP(E)L applications. The number of re-submissions permitted is not mentioned in the documentation. Students are not allowed to appeal.

5. AP(E)L procedures should be documented clearly and be available to all students, academic and administrative staff and external assessors.

There are seven key stages which are not explicit in student information but which are present in a number of sources (staff information pack). Students receive a considerable amount of personal guidance. The documentation and guidance systems have been well rehearsed with regards to administrative and academic staff and students.

The AP(E)L Co-ordinator reported that an APL claimant will see the Co-ordinator. If it is acceptable the student can apply by attaching certificates to the application forms. This is the process for APL gained outside the HEI (which is already credit-rated!). The Co-ordinator facilitates the process and passes it to the AP(E)L panel.

If the claim is more complex, students are advised to go to a workshop. This includes a full six hours teaching which clarifies the Higher Award Framework and the stages in the process. This is prior to students applying for programmes. Students are encouraged to attend a second workshop to undertake a reflective exercise. This is to familiarise students with the concept of learning outcomes. Following this, they are then allocated an Advisor.

In consultation with the Advisor, students are encouraged to identify and begin matching learning outcomes from their reflection. Students can decide whether they want to apply for general or specific credit. The Advisor helps the student to construct their claim. This may be presented by a variety of methods e.g. practical work, portfolio, essay, a module assignment or project.

Two AP(E)L Assessors independently assess this work. It is marked in the usual way: if it is an assignment it is given a percentage. If it is a claim for specific credit it is judged against the module learning outcomes using the usual criteria e.g. validity, reliability etc. Comments are asked about each criterion on the application/assessment form.

The Assessors know about the level descriptors they should use to make the judgement. Claims for general credit were seen as more problematic as they tended to be autobiographical in nature. Once the work has been independently marked by the two markers they meet to agree marks. If agreement is not reached the Co-ordinator will facilitate agreement, if there is still no agreement the AP(E)L panel can make a decision. The AP(E)L panel normally receives marked work for final ratification. Meetings take place around five times a year. Portfolios are always available at the meeting if required. All work goes in a portfolio, for example an essay which clearly states what credit is being sought. Once decisions have been made the Co-ordinator writes to students and they receive a certificate with the amount of credit awarded which is signed by the panel chair. The outcome is also recorded on the database. Portfolios are returned to the students.

The staff document specifically defines the roles of the Assessor and Advisors. It states what sort of knowledge and experience they need to fulfil these roles. Assessor and Advisor roles are separate but there is a common pool of staff who may act as both - but not with a single student.

Although documentation is clear regarding the stages students have to go through this is not documented in any one place e.g. as a flow chart. However, as students receive a considerable amount of personal guidance this may not be so crucial.

The survey showed APL is not assessed by the admissions tutor, and the Advisor and Assessor is not the same person.

An Assessor for APEL is someone with subject knowledge/expertise. In the documentation, it refers to knowledge of CATS and AP(E)L rather than subject expertise.

The survey reported that preparatory staff development was given for AP(E)L. All the staff oriented documents are intended to develop staff as well as providing information about the process. One section of the staff document specifies six different ways staff can keep up-to-date. This also indicates that the system is developing rapidly.

The Co-ordinator has regular network meetings to develop staff and policy. E-mail and regular updates are circulated. Staff development workshops have been run by the Co-ordinator. The Co-ordinator has taken part in attempts to disseminate good practice across the HEI with little success so far but is persisting. It is evident that the Co-ordinator is committed to AP(E)L and uses all opportunities to promote good practice and develop staff.

The Advisor's staff development included a one-day workshop. This was in the early days of AP(E)L before any claims had been submitted. She did not feel very confident as the process was so complicated. It is more streamlined now. She was able to participate in AP(E)L support groups and she continues to attend as they are helpful. She also found membership of the AP(E)L group useful as she could see what the final claim looked like. She is also near the Co-ordinator's office and so she can get advice as required. She felt confident now as she knows the rules.

6. **AP(E)L procedures, relevant documentation and outcomes should be included in monitoring processes.**

Outside of the credit panel it is not clear what monitoring goes on either locally or centrally. The panel is accountable to the faculty board and reports to a local education steering group. It is implied in the Health documents that quality and transparency are desirable goals.

The AP(E)L Co-ordinator reported recent developments include a quality evaluation post for AP(E)L. The person is new in post and has not looked at AP(E)L yet; it is understood that they will be based in the registry. The Co-ordinator stated that she was constantly seeking ways to develop quality systems through validation, AP(E)L panels and keeping abreast of developments elsewhere. It seemed the Co-ordinator was keen to have the systems monitored and welcomed the new post.

7. **An analysis of staff development required for AP(E)L should be included within the policy and practice documentation.**

The work of the Co-ordinator with regard to staff development has been described earlier. It is implicit that the Co-ordinator knows the staff needs in the Health area. However, this appears to be informal and the network of Advisors and Assessors is expanding. There has been some reluctance from staff as the processes are perceived as overly complex by some staff. This is presumably due to the additional burden on staff time and resources.

8. **Appropriate means of communicating credit awarded for AP(E)L should be established and included on student transcripts.**

The transcript supplied showed the student's identification number but not her name or the award being studied. The module codes and titles, academic level and the number of credits for each modules were stated.

It was not clear whether this was a statement of credit awarded only or a mixture of credit gain and modules either taken or to be taken. No marks were shown. The transcript itself was rather anonymous and did not have any logo or institutional recognition of any sort on it - it could have come from anywhere.

The main survey stated that the AP(E)L Co-ordinator is responsible for keeping records of credit and that all students are informed in writing of AP(E)L decisions. Although the database is localised to Health it is unclear if these records become central to the university records systems.

Operational Recommendations

1. **Information about AP(E)L should be available to all applicants.**

The Health leaflet was available to all students and specific contact personnel with contact numbers were mentioned. It also gave details of the dates of workshops. Dates of open evenings and workshops were published in the prospectus.

The AP(E)L Co-ordinator stated that the volume of AP(E)L applications was comparatively small at present with 36 students indexed on the Higher Award. The Health School has been involved in AP(E)L for approximately three years. AP(E)L is always published with degree or diploma advertisements.

General information was given to all students by the Co-ordinator. Students could attend AP(E)L workshops and were allocated Advisors as required. Students were allowed six hours with the Adviser although this is negotiable and most students did not use all their allocation. The student received advice and written information. She attended a workshop and had a personal advisor (see earlier information).

2. **Where academic staff are involved in the guidance and counselling of students in the preparation of AP(E)L evidence, they should not normally be the sole assessors of that evidence.**

Clear channels of advice and guidance were evident. The Advisor's role and Assessor's roles were separate. All work is double blind-marked and processed by the credit panel for ratification (see earlier description of the process). Sampling does not seem to take place however all work is examined at the start of the panel meeting. This panel constitutes mostly Health staff with one 'external' member from another faculty and a representative from registry.

3. **The role and responsibilities of students will be made explicit in the AP(E)L process.**

Applicants receive teaching and guidance about reflection and it is made clear that learning has to relate to pre-specified learning outcomes. The documentation is very prescriptive regarding the roles of the Adviser and Assessor but not regarding that of the student. It seems Advisors have to follow up non-attenders. It is not clear how self directed the student should be as they have a considerable amount of teacher input. This includes six hours' teaching in the workshop plus six hours of the Adviser's time. However, the first marking criterion is clear in that it must be student's own learning that is presented.

It may be that as the documents are tailored to each audience, students or staff, the emphasis is on the particular roles.

The survey stated that students must provide documentary evidence for AP(E)L and indicate the number and level of credits claimed and demonstrate outcomes.

The student was motivated to seek credit as she had already completed several courses.

4. **Experience on its own is insufficient grounds. APEL credits the learning which the learner can evidence from prior experience.**

It was made clear to staff in particular about the need to generate learning outcomes and that the evidence presented should meet the marking criteria. Diverse methods of presenting evidence were stated and indications were given about appropriate verification. The student's ability and requirement to reflect on their learning was an integral part of generating learning outcomes. Reflection itself was also a method of assessment.

The survey showed that the level and volume of credit had to be identified by the student prior to the claim. The student was advised to match her outcomes of experience with existing modules or demonstrate explicitly the outcomes which resulted from particular experiences or identify outcomes unique to her own experience. The nature of evidence required is normally written.

The AP(E)L Co-ordinator stated that the decision-makers will look at the marking criteria, validity, reliability, currency, sufficiency and breadth in conjunction with the level descriptors. These criteria have been developed from a number of sources.

The Assessor had no difficulty with APL if the courses were on the tariff. However, it was difficult judging APL from elsewhere - irrespective of whether they had been credit rated although it may be used as a guide. In these instances, the APL judgements are made on written work from courses based on academic skills and performance e.g. referencing, written expression, length of course and level, 'what it feels like'. Specific marking criteria like APEL were not mentioned. The Advisor is not expecting to see level 3 work as she has found most Health students have not studied at that level. Therefore, she is usually making a judgement based on current levels and expectations of diploma level students. This is why the students' past assessments are used to form judgements as well as entry criteria, length of programme, who taught the programme and research emphasis.

APEL proved to be more problematic as students had often attended day courses. Although the Assessor felt it was valuable, there were constraints in using general credit for these students. This did not seem to be related directly to the HEI regulations (although the general credit available is limited), rather that there were 'professional reservations' about awarding academic credit for something that was done in practice. In this case, the Assessor found the HEI constraints useful in framing possible decisions for APEL and general credit. It is not exactly clear if the Assessor was making a distinction between practice as experience or experiential learning derived from practice.

The Assessor also felt that some students may experience problems with APEL where they have too many choices. This was considered as potentially threatening and many students can delay submitting their claim as there is no submission deadline to encourage the student to plan.

The student interviewed stated that her options were outlined by the Advisor. The student chose to match the module learning outcomes because it related to what she was already doing in practice and did not want to undertake something very different. She had to prove the learning outcomes specified in the course outline by doing the course assessment and practice. It was more difficult than expected. The evidence presented was an essay and other written work showing how it related to practice and the outcomes.

5. **Evidence of learning must be assessed by academic staff using whatever means are appropriate.**

All students are required to provide documentary evidence. The range of options is made clear to students. The range is diverse and includes portfolios, essays, taped evidence, photographs, practice reports etc. It appears that students chose which form they will present, with guidance from advisors.

The academic staff act as Assessors using pre-determined criteria. AP(E)L is assessed by those with expertise or some knowledge of the area. Recommendations from professional staff are made to the panel.

Clear assessment criteria for APEL were stated on the student application form and in the staff handbook. It is not clear if students would realise explicitly that these are what they will be judged by.

The main survey did not specifically ask about the role of administrative staff but they are clearly briefed and involved in enquiries and processing applications and results.

The Advisor's concerns are as before but she felt more comfortable guiding students to apply for specific credit. She found it easier to make APEL judgements where students presented an assessment identical or similar to the module as the criteria for making judgements were the same. This is more difficult where students present evidence totally based on practice. She was concerned that, in these cases, students may produce a great deal of evidence but receive very little credit. This may be because the work shows little analysis or evidence of supporting practice. However, it was also felt that the volume of information that students produce may be due to the advice given and the anxiety of the staff to ensure that all the outcomes are met. APEL claims that were considered good accounts were very well written and showed considerable reflection.

The student knew as she was half way through putting her claim together what level she was aiming for and that it had to be submitted to a panel but knew little more than that. She was awarded 50 credits as requested but did not know how the decision was made. The student would have liked more feedback from the process particularly as she progressed to level 3 but did not know if the work she had done was level 2 or not. She felt the outcome was fair and the level of work was similar to other assessments - although she did more work for APEL. This influenced her decision to take another course rather than apply for further credit as it would involve less work.

It appears that the Advisor's role and relationship was vital in providing support and guidance as this greatly influenced the student during and after the process.

6. The AP(E)L process must be equitable and capable of scrutiny and enhance quality.

The AP(E)L processes were clear in the documents. The AP(E)L strategy is capable of explanation and verification. Records have been devised to show the quality of decision-making e.g. markers are expected to comment under each marking criterion. A record is kept of decisions and students are tracked at each stage of the process. However, none of these customised records and policy documents reflect central policy and practice.

The survey showed that common AP(E)L processes exist for all professional courses and quality assurance systems are in place to monitor consistency and comparability. (It should be possible to check that all Health students received the same information about AP(E)L and support. Outcomes of processes are given to students in writing.

As stated earlier by the AP(E)L Co-ordinator, a quality evaluation process is to be implemented and a 'quality' person new in post who will have AP((E)L as part of their role. At present, the Co-ordinator is central in monitoring and revising systems.

7. **Charges for AP(E)L where they occur, and the criteria for these, should be clear to students and the institution.**

The prospectus states clearly the costs of all the courses including APEL workshops. All courses have TWO 'prices' i.e. free to those in Trusts with contracts and fees for others outside contracts. The preliminary AP(E)L workshop is free to staff from Trusts where block contracts are held and £30 to everyone else. AP(E)L portfolio building with an Advisor costs £50 for Trust employees and £125 for all others.

Interestingly, the survey shows no fee is charged for APL and a flat fee of £50 is charged for APEL. It is most likely that this figure has had to be revised with experience. The AP(E)L Co-ordinator reported that all students who transferred APL credit in from outside the HEI were charged £20. It appears that where claims for general credit are made the £50 charge is made if the student is employed by the region, otherwise it is £125 as above. The Co-ordinator considers the charge is too low particularly as it was not included in the contract.

The HEI is not a modular institution, therefore costs cannot be easily compared with AP(E)L activity elsewhere in the HEI. It seems that AP(E)L is not explicitly covered by educational contracts, however, these costs are somewhat masked by block contracting.

8. **Where there is a maximum and/or minimum volume of credit allowed for AP(E)L such limits should be made clear.**

The Health prospectus and student leaflet identify the maximum amount of credit available at each level depending on the award. This is 120 credits at level one and up to 60 credits at level 2 for a diploma award. For an award of a degree this is 120 credits at level 1 and 120 credits at level 2.

The survey revealed that the maximum credit permitted is 75%.

No minimum is stated although the smallest module size is 10 credits. It is permitted to award credit for components of five credits. It has been stated by the Assessor that it would not be considered in the student's interest to apply for less than 10 credits.

It is not clear if there is a uniform module size although many are 10 credits, some are double modules and therefore 20 credits. The ENB awards are often referred to as units but are, in fact, whole courses which are credit-rated at different values according to length, student effort etc. Some are composed of modules.

The student knew she was given 50 credits and entered at level 3 and later found she could claim further credit.

Case Study Comments from AP(E)L Co-ordinator

General Comments in Case Study A

The respondent said this account was good, interesting and evaluative. It appeared to be a very interesting project with plenty of work dome. The claimant had identified what she had learned, referenced and used literature. This would relate to a Health education module run. This format would not be acceptable, however, because it has to match all learning outcomes of the module. At present, the student would be directed to module assessment - if the assessment was a project this would not have to change: bring in the package with a critique of it. She would have to make a link between her account and the outcomes. Attempting to change matching of all outcomes and staff should indicate key outcomes that are being tested in assessment - but not in place yet.

General Comments Case Study B

This was more at level 1 as there was little identification of learning outcomes. It was very descriptive and had only a couple of considered references. It was badly referenced and the structure jumped around and the spelling was not always correct. It seemed more like a first account that needed work.

Comments on Academic Level on Case Study A

Level 2 - this relates to the Health promotion module and fits what the respondent considered to be level 2. It could be acceptable for the Higher Award at level 2 also.

Comments on Academic Level on Case Study B

Level 1 - based on institutional level descriptors, they are written as professional levels incorporating theory and practice but have been interpreted as academic levels. The respondent's institution has developed practice levels so they can assess practice.

The descriptors are the baseline for judgements between level 1 and 2. There is still some subjectivity however.

Comments on Number of Credits on Case Study A

10 credits - There is more than enough work for a 10 credit specific module. There is the possibility of further credits for communication, research etc. which could be explored. She could apply for general credit. She may get 20 credits if the claim is strengthened.

A minimum 10 credits at level 2 and maximum 20 credits level 2. It is difficult to decide without seeing the package as it sounds as though more work has gone into it and could be worth more.

Comments on Number of Credits on Case Study B

Possibly 10 credits - it would depend what the student needed. If she needed level 2 the claim would need more work - i.e. references and learning outcomes. If she wanted level 1 she could expand on it and receive 20 credits. 10 credits is a unit size with which we use to make judgements and is equivalent to 2000 words.

The respondent had considered the accounts in relation to level 2.

Emerging Themes And Issues

1. Roles and Functions

The AP(E)L Co-ordinator played a fundamental role in establishing and maintaining good practice within Health and actively sought to influence practice elsewhere in the HEI. This influence was limited as there was a perception that AP(E)L arrangements in place were overly complex. This was indicated by a degree of apathy outside of the Health School and some resistance from staff within the School. The impression was gained that the AP(E)L in the Health School is viewed with circumspection - as a Trojan horse. The AP(E)L Co-ordinator gained most of her knowledge, support and information through networking with other 'like minded' AP(E)L oriented HEIs.

The AP(E)L Co-ordinator appeared to develop (single-handedly) systems, regulations and processes and staff development programmes. In addition, she carried out staff development and played a pivotal role in advising students and staff as well as having a quality assurance function.

The Assessor's role was more clear cut; however, as there was a pool of Assessors who were also able to act as Advisors (although not at the same time to a particular student).

2. Language

Language appeared straightforward, however credit was generated by two types of specific credit and two types of specific credit. Although these terms were defined little seemed to be gained from making these further distinctions. This appeared to relate, in part, to the need to satisfy the institution's perceive requirements for 'standards' for awards achieved within the institution i.e. nursing and midwifery programmes and in accepting credit from other HEIs.

A common language was evident among the Health staff and was explained by their shared understanding of professional practice and educational theory e.g. the term 'reflecting on practice' is likely to have a subtly different meaning to regular academic interpretation. APEL was exclusively used to mean professional experience.

3. Resource Implications

It appeared that the AP(E)L system was very resource-intensive, in particular, in staff time allocated to guide students i.e. six hours. This was exclusive of informal consultations, advice sessions, workshops and the module itself. It was recognised that not every student had taken up her entitlement but it appeared that staff within the school and across the institution found the system very complex and it was perceived as cumbersome. The resource implications rose still further through regular staff meetings and continually updating written information, guidelines and the considerable documentation that was available.

4. Parity and Quality Assurance

It was interesting to note that Health staff felt they had to more than justify credit due to the status of the HEI. This seemed to be due to internal and external pressures. For example, an identical course which was credit-rated did not necessarily achieve the same credit outcome even in terms of recognising general credit. These courses were then treated as part of an APEL application rather than APL. This seems at odds with most other HEIs which will acknowledge the general credit-rating even if the specific credit is different. The rationale for treating APL in this way was not entirely clear. It is possible that market pressures are subtly influencing this process within Health - particularly in this area where there is a degree of competition with two other nearby HEIs.

Most modules were outcome-based; however, students undertaking the usual assessment would not be required to fulfil all the module outcomes. There is a disparity with APEL in that students are made to address all the module outcomes. They are frequently cited as marking criteria.

It is interesting to note that reflection is a common method for students to elicit their knowledge and skills through AP(E)L. Reflection itself was frequently used as an assessment tool particularly with regard to practice. This has proved very valuable; however, the lack of distinction between the uses of reflection may indicate why students have difficulty articulating their learning in a way that is acceptable for academic credit.

5. Relationship with HE

There were clear tensions within the HEI between the need to set and demonstrate high standards and use flexible and meaningful AP(E)L systems for Health students. There is a sense in which it seems that AP(E)L is tolerated as long as it is clear that it is confined to 'vocational' awards and rigour is maintained. This seems to be borne out by the different approach that is permitted between APL and APEL. APL is permitted at final level but APEL is not. However, it seems that the HEI may not be fully cognisant of the sophistication of AP(E)L as, for example, APEL marks are used in classifications. This is seen as logical and desirable but is not a widespread practice elsewhere in HE. Appointments have been made centrally to examine AP(E)L and certain monies set aside for development.

6. Developmental Stage

It appears that development is rather lop-sided across the institution as all the development and implementation of AP(E)L has taken place in Health. In addition, Health programmes are mostly modular whereas the rest of the HEI is not. The AP(E)L systems are highly complex and comprehensive. Health staff have stated that the systems are over-rigorous.

These systems are constantly updated and have been streamlined. However, as AP(E)L activity has been in place less than three years it appears that there is a danger of over-development. Despite recent evaluations which have elicited the staff attitudes above, sufficient space needs to be allowed to review systems. External influences could be very useful. It is possible that even though the Co-ordinator is committed to the philosophy of AP(E)L she may not be best placed to monitor quality. Health remains fairly insular in its activity within the institution and this is a real disadvantage in the longer term. The HEI is beginning to appoint staff to look at these issues and this is welcomed in the health school.

The Co-ordinator through evaluation was able to highlight key developments and indicated that earlier claims would not receive so much credit now and that experience had allowed them to tighten up their quality systems.

7. Pockets of Knowledge/Expertise

As indicated, all working knowledge and experience of AP(E)L is vested in the Health School staff and the Co-ordinator in particular. Staff development issues are ongoing although the AP(E)L developments seems to outstrip this.

8. Internal Consistency

There is a difficulty with comparing assessment methods and approaches in general and particularly within APEL. It is helpful that a range of methods are used but it is difficult to determine consistency - especially where such a large amount of tutorial help is built in. In any case, there is a danger of teacher-centred activity with the teacher extracting the learning from whatever is presented and imputing knowledge to the portfolio. This is particularly problematic where professional practice is concerned as it is the student's ability to indicate likely practice. It appears that some APEL may be more highly prized than others e.g. where students claim their own practice has changed as a result of learning. This seems a fusion of academic levels and professional education ideals which may or may not reflect any learning outcome or other marking criterion specified. If this is the case this means that students who have learned equally as well and as much but who, for reasons beyond their control, cannot make changes to their own practice may have their claims viewed less favourably.

9. Information Systems

The need for comprehensive systems is evident in the complex systems but can be made user-friendly. There is a need for consistency of approach, language and terminology across all information to students. The Co-ordinator felt that HEIs should give more information to students.

10. Need and Desire to Share and Collaborate

The Co-ordinator stated that active networking within and without the institution was vital to ensure parity, share good practice and information. She had published material in an attempt to do this amongst colleagues.

11. Complexity of AP(E)L as an Area for Research

It was difficult to really understand the rationale or origins for some of the approaches taken. For example, the subdivision of general and specific credit into two further categories. Was this due to fear of the HEI, or competition with other Health programmes, or the need for Health to prove themselves or a mixture?

12. Characteristics of Students

The student was one of the first to be AP(E)Led therefore her experience may not be representative as she may have had different levels of help compared with current students. Her experience was that APEL was much more difficult than she expected and this rather put her off claiming further credit.

13. Characteristics and Issues Relating to Receiving Awards/Programmes

Whilst all programmes are module-based and credit-rated, this is not modular in the accepted way HE programmes are modular. For example, units are not uniform in length, volume and credit-rating. This results in some discrepancies regarding the availability of credit to students, particularly where there are no identifiable components within the unit, e.g. ENB 998 is 30 credits and ENB 870 is 50 credits.

The programmes available reflect the distinct ways ENB awards have developed. However, where programmes are new degrees and diplomas, it seems that modules are more uniform and worth 10 credits. Some double modules are permitted.

Similarly top-up programmes (level 3 only) which have come about due to changes in pre- and post-registration courses pose difficulties for the HEI in trying to maintain the integrity of a degree award and yet facilitate credit transfer. The separation of AP(E)L regulations from mainstream regulations is interesting and this may be due to the relative autonomy within faculties or toleration of the differences required in Health Studies.

14. Other Issues

No other issues raised.

Inter-institutional Comparison Of Responses To APEL Accounts A And B

Wherever possible the exact wording of the respondent has been used.

Comments Pertaining to Level and Volume of Credit in Respect of Account A:

Institution Number 1:

strong claim - real learning- need to see pack cited in claim - systematic Project and account - variety of knowledge - reflective, evaluative, underpinning knowledge good - application to practice - self-critical - work ongoing - level 2 - 20 credits to cover health promotion slot - potentially more credit through further work on other elements within claim.

Institution Number 2:

in depth - variety of sources - good breadth of information gathering - referencing could have been expanded - attempt at analysis - currency clear - want to see package cited as evidence - also want testimony from manager to authenticity.- analysis - level 2 - 10 credits for Health Promotion and Education module - possibly other areas of credit also.

Institution Number 3:

reflective - analytical - applied theory to practice - did not just accept theory at face-value - needs further work on underpinning theory of health promotion - would want to see evaluation - need to see package cited - level 2- 15 - 20 credits against Health Promotion.

Institution Number 4:

would get general credit - need to discuss with student - produce pack cited - testimony to authenticity required - show how she had used the pack - well expressed - skills implied = research, teaching, problem solving, reflection, self awareness - skills of application, evaluation, innovation, analysis and synthesis apparent - level 1, 2 and 3.

If general credit:

level 1	min. 120	max. 120
level 2	min. 30	max. 90
level 3	min. 0	max. 30

If specific credit:

level 1	min. 60	max. 120
level 2	min. 30	max. 60
level 3	min. 0	max. 30

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Institution Number 5:

descriptive - needs to tease out theoretical underpinnings - more in-depth and explicit information needed on change process, design of package, process/use of package - link of theory and practice - level 2/3 - 30 credits mapped to Project module.

Institution Number 6:

student had worked hard - thought about what she was doing - needs to see package cited - more on how it relates to practice e.g. evaluation of package - level 2/3 - 12 - 24 credits.

Institution Number 7:

needs to change presentation to learning outcomes - very reflective account - level 2/3 - (really level 3 work) - level 2- 60 credits level 3 - 40 credits.

Institution Number 8:

needs supplementary materials - range of knowledge (eight areas) - needs to develop and verify knowledge and match against specific modules - evidence of reflection- ability to apply concepts - may need supplementary viva - could not give level without further information and sight of materials - could not suggest volume of credit without further information and sight of materials - there are some modules it would map against for specific credit.

Institution Number 9:

definite analysis but not able to comment since no experience of APEL - it would need modification i.e. to be written in an academic style - evidence of reflection, proactive and innovation - based decision on Bloom's taxonomy - would require further proof e.g. observation in clinical setting - if general credit would gain entry to level 3 or specific credit - 20 credits Health Promotion and Change modules.

Institution Number 10:

good account - interesting - evaluative - plenty of work done - identified what she had learned - referenced - used literature - format might not be acceptable because has to match all learning outcomes of modules mapped against - if assessment for module was a Project this, plus package cited, would be sufficient plus a critique of it and matching her account to each outcome - level 2 - 20 credits if claim strengthened.

COMMENTS PERTAINING TO LEVEL AND VOLUME OF CREDIT IN RESPECT OF ACCOUNT B:

Institution Number 1:

uneasy about this - insufficient to go on - fragmented - insufficiently focused - limited interaction between theory and practice - typos - inaccurate referencing - unstructured - insufficient logical reflection - tension between academic style and need to show clarity of thought - underpinning knowledge unclear - clarity of difference between therapeutic and group work styles lacking - unquestioning acceptance of published work - level 1 - no module on group work but discussion might help her focus it sufficient to make a claim.

Institution Number 2:

presents quite a few theories - doesn't take them any further - expression, punctuation, spelling, referencing all need attention - needs help to put something more specific together - basic writing skills poor - begun to suspect student didn't understand some of the concepts - unclear what she means.- descriptive - insufficient analysis - little application of theory in practice - possibly level 2 with help - difficult to suggest volume of credit because of pathway constraints.

Institution Number 3:

descriptive - insufficientiy focused - lot more work to be done on this - not well developed - highlights problems but doesn't go on to analyse - level l but further work possibly level 2 - potentially 20 - 30 with much further work.

Institution Number 4:

needs to talk it through - a description rather than a demonstration of ability - some underlying knowledge - evidence of reading - not well expressed - did not seem to have her act together - level 1 and 2.

If general credit:

level 1	min. 60	max. 120
level 2	min. 30	max. 60

If specific credit:

level 1	min. 30	max. 90
level 2	min. 0	max. 20

Institution Number 5:

more an academic essay than evidence - told us of her experience - an account of how groups work - possibly doesn't understand experiential learning - needs more detail on theory applied in practice - level 2/3 - 10-20 credits unsure where it would locate.

Institution Number 6:

great difficulty deciding about this claim - very theoretical and practice only brought in later - preferred it if organised differently - read like a descriptive essay - needs to see how it is used in practice - latter part stronger and more analytical - learning needs to make a difference in practice and not just theoretical - respondent had benchmark of 40% in mind and claim would pass on that basis - not looking for exceptional work - if exceptional it may get higher level of credit - barely level 2 - 12 credits.

Institution Number 7:

could be submitted as it stood in essay form - felt there was a lot of hidden credit in it which might be lost as implicit learning - needs to present with learning outcomes - feels like level 2 but level 3 implicit in account but not articulated - level 2 20 - 40 credits.

Institution Number 8:

could be presented differently as a module assessment - evidence of supportive theory, reflection on practice - application to practice though limited - would like other evidence - could not give level without further information and sight of materials - could not suggest volume of credit without further information and sight of materials - difficult to give it specific credit since no equivalent slot but could use as general for diploma equivalency for entry but only as part of a total CV and not free standing.

Institution Number 9:

not deemed to be worthy of as much credit as A - if general credit would gain entry to level 2 - if specific 10 credits - possibly 20 if we had a module on group work and it met all outcomes.

Institution Number 10:

little identification of learning outcomes - very descriptive - only a couple of references - badly referenced - structure jumped around - spelling not always correct - seemed like a first account that needed work - level 1- specific credit - 10 - 20 credits - general credit - 10.

ANNEXE I

GLOSSARY

ANNEXE I

GLOSSARY

Academic award	An award conferred by an HEI upon completion of a study programme which may or may not carry professional recognition through ENB validation.
Advisor	Person allocated to a student to provide guidance in the preparation of their AP(E)L evidence.
AP(E)L	Assessment of prior (experiential) learning.
AP(E)L Co-ordinator	Person with responsibility for co-ordinating AP(E)L activities primarily in relation to nursing and midwifery students.
AP(E)L panel	The decision-making committee that ratifies AP(E)L decisions within the whole process. This is made up of senior academic staff representing Health and other fields across a faculty.
Assessment board	This is where assessment decisions are made for taught programmes or modules and include an external examiner
Assessor	This is the person to whom responsibility rests for assessing the AP(E)L evidence using methods and criteria as agreed. It is usual for this person to have knowledge or expertise of the field.
Centre	This refers to the central administration of the HEI where overall accountability lies for AP(E)L.
College	This refers to an educational establishment primarily delivering nursing and midwifery programmes prior to, during or immediately following integration with HE.
Course	This refers only to ENB courses.
Department	This is where professional nursing and midwifery programmes are managed within an HEI. This includes pre existing nursing departments as well as newly integrated Colleges. Departments may be located within a faculty.
Faculty	A semi-autonomous grouping of departments accountable to the centre.
Field	An academic/professional area of study normally associated with a subject area or programme of study e.g. midwifery. There may be more than one field represented in a department.

Health student	A student who is undertaking either an academic award jointly validated by the ENB and HEI or an ENB course or an academic programme which primarily focuses on health.
HEI	Higher Education Institution (see also institution) which validates programmes of study and has academic responsibility for assuring the quality of these programme.
HA	ENB Higher Award is a undergraduate or post graduate award which may be achieved by gaining the 10 key characteristics for practice. It is a practice-based award scheme and is usually based on a modular scheme and AP(E)L is widely used within this award framework (the Higher Award Framework).
Institution	Normally this refers to the HEI where there may be a number of faculties, departments or other groupings offering programmes for students in a variety of fields. Where Health programmes are delivered separately from the main HEI e.g. an associate college this may also be refereed to as an institution.
Module	An assessed unit of learning which is standardised across an HEI modular framework and has a consistent credit-rating. It is likely that there are module learning outcomes.
Programme	A coherent package of modules leading to an award.
Programme leader	The person responsible for the management of a programme of study.
Programme of study	This is a study package leading to an award. It is likely to be modular, credit-rated and be at levels 2 or 3.

ANNEXE J

THE SOUTH EAST ENGLAND CONSORTIUM FOR CREDIT ACCUMULATION AND TRANSFER (SEEC)

THE SOUTH EAST ENGLAND CONSORTIUM FOR CREDIT ACCUMULATION AND TRANSFER (SEEC)

The South East England Consortium for Credit Accumulation and Transfer (SEEC) is an association of (currently) 40 Universities and Colleges open to any organisation providing education and training at higher education level. Its aims are to support the development and implementation of credit-based systems institutionally, regionally, nationally and internationally. SEEC provides information and staff development services for its members which have unlimited access through SEEC to contacts working at the leading edge of developments in credit accumulation, credit transfer and related fields. SEEC is the UK's leading provider of staff development on topics relating to credit-based learning. It achieves this through:-

Conferences, Seminars and Workshops

Research and Development Projects

Networks (e.g. Health Professions, AP(E)L)

Reports, Handbooks, Newsletters and Occasional Papers

Staff Development Consultancy

Collaboration with appropriate national and regional agencies and organisations.

SEEC members work together and with consortia in other regions to promote and secure the quality of portable credit and the development of best practice in the implementation of credit. SEEC, through its AP(E)L Network, has recently developed a Code of Practice for AP(E)L to promote good practice in the assessment of prior (experiential) learning. This was launched at SEEC's national conference in December 1995 and a conference report **A Quality Code for AP(E)L: Issues for Managers and Practitioners** was published by SEEC in May 1996.

SEEC's Health Professions Network consists of practitioners from a large number of its member institutions who meet regularly to identify current practice with regard to CATS and APEL issues affecting health professions. It is also used to develop, disseminate and review effective working practices relating to CATS and APEL in SEEC's member institutions. The Network monitors developments within the Health area and provides advice and guidance to relevant bodies and institutions as appropriate in order to encourage good practice. More recently the Network has been greatly involved in the ENB Project to which this Report relates.

The Terms of Reference for the SEEC Health Professions Network are printed overleaf.

The full list of SEEC Members as at 31 December 1996 is also attached.

Further information about the Consortium is available from the SEEC Office, c/o Anglia Polytechnic University, Victoria Road South, Chelmsford, Essex, CM1 1LL. Tel: 01245 493131 Ext. 3045; Fax: 01245 490835 or 01245 493131 Ext. 3067.

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TERMS OF REFERENCE FOR THE SEEC HEALTH PROFESSIONS NETWORK

1. To identify current practice with regard to CATS and AP(E)L issues affecting health professions.

2. To establish and maintain a database and profiles with member institutions.

3. To develop, disseminate and review effective working practices relating to CATS and APEL in member institutions.

4. To communicate and liaise with other networks.

5. To monitor developments within the health area and provide advice and guidance to relevant bodies and institutions as appropriate in order to encourage good practice.

6. To initiate and facilitate staff development by formal and informal means to establish and maintain best practice.

7. To publish widely information about practice, research and developments through occasional papers, conferences, and research reports whenever possible.

SEEC MEMBERS

Anglia Polytechnic University
Bournemouth University
Brunel University College
Cheltenham and Gloucester College of Higher Education
Christ Church College, Canterbury
Croydon College
The Fire Service College
Kingston University
London Guildhall University
Middlesex University
Mid Kent College of Higher and Further Education
NESCOT
Norwich School of Art and Design
Oxford Brookes University
Ravensbourne College of Design and Communication
Roehampton Institute
South Bank University
Southampton Institute
Suffolk College of Higher and Further Education
Surrey Institute of Art and Design
Thames Valley University
University of Brighton
University of Cambridge, Board for Continuing Education
University of East Anglia
University of East London
University of Essex
University of Exeter
University of Greenwich
University of Hertfordshire
University of Kent at Canterbury
University of Luton
University of North London
University of Oxford, Department for Continuing Education
University of Portsmouth
University of Surrey
University of Sussex
University of the West of England, Bristol
University of Westminster

Associate Members

Hammersmith and West London College
The Maudsley Hospital Professional Development Centre

ANNEXE K

THE TRANSCRIPTS

THE UNDERGRADUATE/POSTGRADUATE

TRANSCRIPT

The transcript is primarily aimed at receiving institutions (although it may also be useful for employers, etc.). Its primary purpose is to enable receiving institutions to process applications as quickly and easily as possible.

The transcript covers the minimum information required from institutions in so far as they undertake the processes identified. If they do not, then that item of information may be excluded. To make this clearer, two exemplars are produced: one for institutions which only have credit based modularity and one for institutions which only have credit based modularity with APEL. If institutions undertake additional processes which are relevant to the receiving institutions, they should, of course, be added.

It is not proposed that the transcript should necessarily be in the format demonstrated here. In many cases the format will be determined by institutional IT systems. It is the minimal information which is important.

Similarly, institutions should decide whether to use a single or different transcript for undergraduate and postgraduate students.

The second sheet is intended to explain to the receiving institution the key approaches of the accrediting institution. It is suggested that, in the first two sections, accrediting institutions use either (a) or their own version (b).

It is entirely for institutions to determine when they would issue the transcript (e.g. each semester, each academic year, on completion of studies etc.).

UNDERGRADUATE/POSTGRADUATE TRANSCRIPT

Name of Accrediting/Validating Institution:

Name of Institution Attended:
(if different from above)

Name of Student:

HESA Student Identifier:

Date of Registration: / /

Registered Award:
(by title and subject/field of study)

Modules/Units								
Module/Unit Code	Module/Unit Title	Level	No. of Credits	Type of Learning (1)	Mode of Attendance (2)	Result(3)		Award Date (month/ year)
						P/F/CF	Mark/ Grade	

Professional Work Based Training								
Module/Unit Code/Title (if applicable)	Duration	Venue	Level	No. of Credits	Mode of Attendance (2)	Result (3)		Award Date (month/ year)
						P/F/cf	Mark Grade	

Specific Credit awarded against modules/units for:					
	Module/ Unit Code	Module/Unit Title	Level	Number of Credits	Award Date (month/ year)
Prior Certificated Learning					
Concurrent Certificated Learning					
Prior Experiential Learning					
Concurrent Experiential Learning					

General Credit awarded by this institution [Note: some of this may have been attributed as specific credit above] for:			
	Level	Number of Credits	Award Date (month/ year)
Prior Certificated Learning			
Concurrent Certificated Learning			
Prior Experiential Learning			
Concurrent Experiential Learning			

(1) ABL = academic based learning
LBL = laboratory/simulated learning
WBL = work based learning

(2) f/t = full time
p/t = part time
s = sandwich
a = abroad

(3) F = failure
P = pass
cf = condoned/compensated failure

For significance of % or grading see overleaf

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It is suggested that institutions use either (a) or (b) in the options below:

Outline of Institutional Credit System

(a) The emerging SEEC and National Consensus

120 credits per full-time academic year of c. 30 weeks or equivalent (minimum 360 credits for Hons. Degree)

1200 notional learning hours per full-time academic year (10 hours per credit)

180 credits per calendar year of c.45 weeks or equivalent (180 credits for Masters Degree)

1800 notional learning hours per full-time calendar year (10 hours per credit)

(b) Other

....

....

Outline of Institutional Grading System

(a) 70% - 100% = first class
60% - 69% = upper second class
50% - 59% = lower second class
40% - 49% = third class
35% - 39% = condoned/compensated fail

(b) Other

....

....

Minimum Number of Credits Needed for this award

Minimum number of credits at Level 0 =

Minimum number of credits at Level 1 =

Minimum number of credits at Level 2 =

Minimum number of credits at Level 3 =

Minimum number of credits at Level M/4 =

Minimum number of credits for Placement ('P' credits) =

Language and Location of Learning

Language: (a) English (b) Other *(please state which)* .... Location(a) UK (b) Other *(please state which)* ....

Intermediate Award(s) obtained to date:	**Date**

Final Academic Award(s) obtained to date	**Date**

Professional Award/Exemption Granted	**Date**

VERIFICATION

Name: .... **Role:** .... **Date:** ....

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UNDERGRADUATE/POSTGRADUATE TRANSCRIPT

(for an institution offering credit based modularity only)

Name of Accrediting/Validating Institution:

Name of Institution Attended:
(if different from above)

Name of Student:

HESA Student Identifier:

Date of Registration: / /

Registered Award:
(by title and subject/field of study)

Modules/Units

Module/Unit Code	Module/Unit Title	Level	No of Credits	Type of Learning (1)	Mode of Attendance (2)	Result(3)		Award Date (month/year)
						P/F/CF	Mark/Grade	

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Language: (a) English (b) Other *(please state which)* .... Location(a) UK (b) Other *(please state which)* ....

Intermediate Award(s) obtained to date:	**Date**

Final Academic Award(s) obtained to date	**Date**

Professional Award/Exemption Granted	**Date**

VERIFICATION

Name: .... **Role:** .... **Date:** ....

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UNDERGRADUATE/POSTGRADUATE TRANSCRIPT

(for an institution offering credit based moduarlity and APEL for specific credit only)

Name of Accrediting/Validating Institution:

Name of Institution Attended:
(if different from above)

Name of Student:

HESA Student Identifier:

Date of Registration: / /

Registered Award:
(by title and subject/field of study)

Modules/Units

Module/Unit Code	Module/Unit Title	Level	No of Credits	Type of Learning (1)	Mode of Attendance (2)	Result(3)		Award Date (month/ year)
						P/F/CF	Mark/ Grade	

Specific Credit awarded against modules/units for:

	Module/ Unit Code	Module/Unit Title	Level	Number of Credits	Award Date (month/ year)
Prior Experiential Learning					

(1) ABL = academic based learning
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Language: (a) English (b) Other *(please state which)* .... Location(a) UK (b) Other *(please state which)* ....

Intermediate Award(s) obtained to date:	**Date**

Final Academic Award(s) obtained to date	**Date**

Professional Award/Exemption Granted	**Date**

VERIFICATION

Name: .... **BEST COPY AVAILABLE** **Role:** .... **Date:** ....

QUALITY EDUCATION FOR QUALITY CARE
ENB

TWENTY-SIX

JULY 1997

Research
HIGHLIGHTS

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An investigation into the reliability and validity of assessment strategies for the accreditation of prior learning of nurses, midwives and health visitors

Abstract

This 2-year Project surveyed 83 nursing and midwifery education institutions regarding AP(E)L. Detailed follow up interviews took place in 10 institutions. The research shows the rapid development of AP(E)L in nursing and midwifery education and its transition into Higher Education. AP(E)L is widely in use and well-established within nursing and midwifery post-registration programmes. A variety of credit rating frameworks and practices for post-registration awards exist. AP(E)L assessment processes whilst reliable are often complex: validity proved more difficult to establish. The research highlights a number of important quality assurance and resource issues which have implications for all those involved in professional education and for Higher Education generally. These Highlights present: the Project aims and methods, a brief discussion of the main findings and an emerging model of good practice. A brief glossary is included for clarification.

Project aims

The Project sought to:

- gain an overview of practices and procedures concerning AP(E)L throughout all institutions offering nursing, midwifery and health visiting continuing education programmes;
- compare and contrast the accreditation of prior learning for nurses, midwives and health visitors across the sector;
- identify specific quality assurance issues concerning reliability and validity of AP(E)L strategies;
- identify models of good practice.

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Methods

The Project was undertaken between October 1994 and October 1996. Eighty-three institutions throughout England were asked to complete a questionnaire. The main survey elicits data which addresses the state of current AP(E)L practice nationally and enables responses to be compared across institutions (SPSS is used for data analysis). Follow up tracking took place in ten institutions to allow further exploration of reliability and validity of the assessment strategies. The tracking study involved: document analysis, interviews with ten AP(E)L Co-ordinators, ten assessors/advisors and nine students and an assessment by the Co-ordinators of two APEL accounts which had been pre-circulated. The accounts are APEL reports focusing on either health education (account A) or group work (account B). Ten composite institutional case studies emerge from tracking. The analytic framework derives from the SEEC AP(E)L Code of Practice developed during the life of this project.

The methodology is complicated by the conceptual and abstract nature of much of the terminology developed for credit and AP(E)L. This is evidenced by the plethora of definitions and acronyms and their different applications to the assessment and accreditation process. The researchers were able to draw upon the expertise of their peers in the SEEC Health Professions Network to clarify terminology.

Main Findings

AP(E)L, Credit Systems and Language

All nursing and midwifery education institutions surveyed offer APL and 95% offer APEL. A diversity of credit systems is used. Most nursing and midwifery educationalists are using complex AP(E)L systems, often to demonstrate academic rigour to their HEIs. Staff express a desire for simpler AP(E)L systems. Different definitions and developed meanings of common credit terms are in use and make it difficult to navigate the system. Many AP(E)L Co-ordinators consider that they are ahead of AP(E)L developments in their HEIs and are influential in shaping institutional policy. This is supported by their documentation. There is a limited degree of recognition by HEIs of AP(E)L expertise in nursing and midwifery.

Specific credit is commonly used. General credit is rarely used, except at level 1. There are almost no level 1 post-registration programmes in existence. Most credit is given at level 2. A diversity of credit volume and levels exist for the ENB Awards surveyed. This diversity is not so marked for the ENB 997/8 award which has, on average, 20 credits at level 2.

AP(E)L will almost certainly continue as a central aspect of professional education and development. Standardisation of professional awards should be considered to take account of modularity. This would facilitate credit transfer and future education developments in the profession and across HE.

Assessment

Within individual HEIs, AP(E)L assessment strategies appear equally as reliable and valid as 'regular' academic assessment strategies and are usually similar in process. A range of assessment methods is used for AP(E)L, although portfolios are cited as the preferred method. Written evidence, presented in the correct academic form, is considered paramount.

Criteria for AP(E)L decisions are not always clear and accessible. APEL is rarely given a mark and is not included for degree classification. These are important issues which have implications for assessment in general and credit transfer between HEIs in particular.

Consensus emerges in response to the two differing examples of students APEL accounts 'assessed' by the respondents. Respondents generally express the view that account A is worthy of a greater volume of credit and at a higher academic level than account B. Decision-making is clearer for account A as all tracked institutions have a 'health education' module for which specific credit could be given. It is more difficult to locate account B within their frameworks.

AP(E)L practice is developing rapidly and as AP(E)L staff gain confidence and respect from colleagues so they feel freer to take risks and to account for their decisions. This is necessary if AP(E)L is to remain vibrant and responsive to the needs of nursing and midwifery practitioners.

Practice Issues

There is evidence that teaching staff often have real difficulty fitting a professional and practice based model of education into a 'pure' academic model of AP(E)L. Adaptations are made to meet the differing requirements.

A model of AP(E)L is in use which appears to be halfway between APL and APEL as it incorporates past formal learning and subsequent professional practice. An example of this is, where an 'old' certificated course which is not credit-rated is held but the student has 'kept up to date' through professional practice, reading and attendance at study days. This is subsequently judged as sufficient to gain credit.

Learning from professional experience is differentiated and appears to be valued differently for AP(E)L purposes. Three types of learning in practice are identified: i) the student's ability to apply theory to practice; ii) the student's ability to change their own practice or iii) the student's ability to bring about change in the field of practice as a result of learning. This 'value added' approach

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is reflected in the level and volume of credit that may be given.

The ability to be 'reflective on practice' is a skill that is highly valued in the APEL accounts. Reflection is used very widely in AP(E)L as a means of gathering APEL evidence, most commonly through portfolio construction.

Roles and Functions

The AP(E)L Co-ordinator plays a crucial role in developing and determining the quality of the AP(E)L system, the student experience and staff development, irrespective of the HEI support available. Advisers and Co-ordinators play a significant role in helping students to proceed with their claims.

The Students' Experience

Students seem satisfied on the whole with their AP(E)L outcomes, although the systems and processes are complex and not always clear to them. This complexity can suppress demand. Students seem to adopt a 'trial and error' approach in presenting evidence. AP(E)L opportunities are often limited by barriers to accepting credit ratings from other institutions. There is a need for more exploration of the student experience.

Quality Assurance and Student Access to AP(E)L

Overall, complex and comprehensive AP(E)L systems are in place in nursing and midwifery. AP(E)L staff ensure credit is 'earned' and academic rigour maintained. This sometimes leads to overly cautious approaches. There is a strong desire to have achievements acknowledged and monitored by their HEIs.

AP(E)L highlights important issues regarding equal opportunities and access for nursing and midwifery students. It is unclear whether AP(E)L is reaching potential students, particularly those embarking on the Framework for Continuing Professional Education leading to the Higher Award. The nature and organisation of nursing and midwifery education and the way AP(E)L is managed within HEIs affects the opportunities available, access to information and the student experience in general. This is particularly so since nursing and midwifery education is purchased on a student's behalf through a contract with a particular HEI.

Internal Consistency and Staff Development

Internal consistency of individual AP(E)L systems appears to be high, mainly due to the relatively tight controls enforced by Co-ordinators and is greatest where the numbers of staff involved are small. Staff development is patchy to date. HEIs need to ensure that the necessary spread of expertise is matched to uniform standards, particularly when multiple education sites are involved. Generally, central HEI control is weak and nursing and midwifery educationalists set and maintain their own AP(E)L standards.

Inter-Institutional Reliability and Validity

It is difficult for students easily to transfer credit. Individual institutions have their own definitions, methods and approaches to AP(E)L which determine how much credit can be transferred. Individual institutions can demonstrate reliability and, to an extent, validity of systems, but this could not be generalised. Issues of reliability and validity highlight the tensions between intra and inter-institutional findings and the highly developmental nature of AP(E)L.

Relationships within Higher Education

Experiences across HEIs are varied and reflect the general degree of integration and understanding of AP(E)L. Integration of nursing and midwifery courses into HEIs is often superficial. In some institutions visited, there appears to be a very light touch or disinterest from the centre. A few HEIs monitor AP(E)L activities closely. Others assist the development of AP(E)L. Occasionally, a central approach has been devolved to nursing and midwifery departments. In some institutions, where there was no tradition of CATS and AP(E)L practices, nursing and midwifery education has been responsible for their introduction into HEIs. This seems to be the case where, prior to integration, the nursing and midwifery colleges had programmes validated by more than one HEI. Generally, it appears that nursing and midwifery staff are paving the way regarding AP(E)L in their HEIs.

Resource Implications

Resource issues are raised continuously. The AP(E)L related workload and other costs often seem invisible to HEIs, purchasers and applicants. They are not generally costed appropriately. Whilst AP(E)L can offer a considerable saving in time and money for students and purchasers, this cost is rarely recouped in charges where they are levied. Costs include: special documentation, developing, establishing and modifying systems; formal teaching and assessment hours; tutorial time and consideration of draft materials; student/staff ratios; loss of potential income had AP(E)L not been available and HEI overheads.

Information Systems

Records and information systems vary widely, from recording initial enquiries to confirmation of outcomes across HEIs. The systems range from the equivalent of a handwritten ledger to sophisticated software and databases. There is an urgent need for a common HE transcript that includes credit details. Access to HEI networks is not yet complete across hospital sites where much nursing and midwifery education is currently delivered.

Networking and Collaboration

It appears that there is a genuine desire for staff to

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learn from one another in nursing and midwifery education. This reduces the need to 're-invent the wheel'. Nursing and midwifery educationalists are often isolated and it is important to encourage them to join recognised networks that are firmly embedded in HE. Increasing competition between nursing and midwifery providers can reduce collaboration. Individual students and purchasers are 'shopping around' which could further discourage collaboration.

A Model of Good Practice

The researchers found that there is no single and complete model of good practice, although there are clear examples of good practices in the institutional case studies. It is neither appropriate nor helpful to 'hold up' a single system, or range of systems, that cannot be generalised to other HEIs. A more eclectic model of good practice is emerging from the analysis, based on the common themes. Each theme, reflected in the headings for the main findings, may be developed further into principles and together with the SEEC AP(E)L Code of Practice used to form a flexible, grounded collective working model.

GLOSSARY

Advisor	Person allocated to a student to provide guidance in the preparation of their AP(E)L evidence
AP(E)L	Assessment of prior (experiential) learning
APEL	Assessment of prior experiential learning ie non certificated
AP(E)L Co-ordinator	Person with responsibility for co-ordinating AP(E)L activities primarily in relation to nursing and midwifery students
APL	Assessment of prior learning ie formal or certificated learning
Assessor	This is the person with responsibility for assessing AP(E)L evidence using methods and criteria as agreed. It is usual for this person to have knowledge or expertise of the field
CATS	Credit accumulation and transfer scheme
Centre	This refers to the central administration of the HEI where overall accountability lies for AP(E)L
HEI	Higher Education Institution which validates programmes of study and has academic responsibility for assuring the quality of these programmes
SEEC	South East of England Consortium for Credit Accumulation and Transfer. A consortium of 40 HEIs which supports the development of CATS and AP(E)L.

Details about the Project

This Project was carried out over a two-year period and consisted of four distinct phases. It was commissioned and funded by the ENB. The report is intended for all stakeholders involved in nursing and midwifery education and higher education. It is of particular use to policy makers and those involved directly in AP(E)L practice. The findings identify a number of developmental implications relating to policy; resources; information; monitoring; networking and maintaining the quality of student experience.

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Further information

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